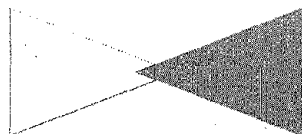NATIONAL
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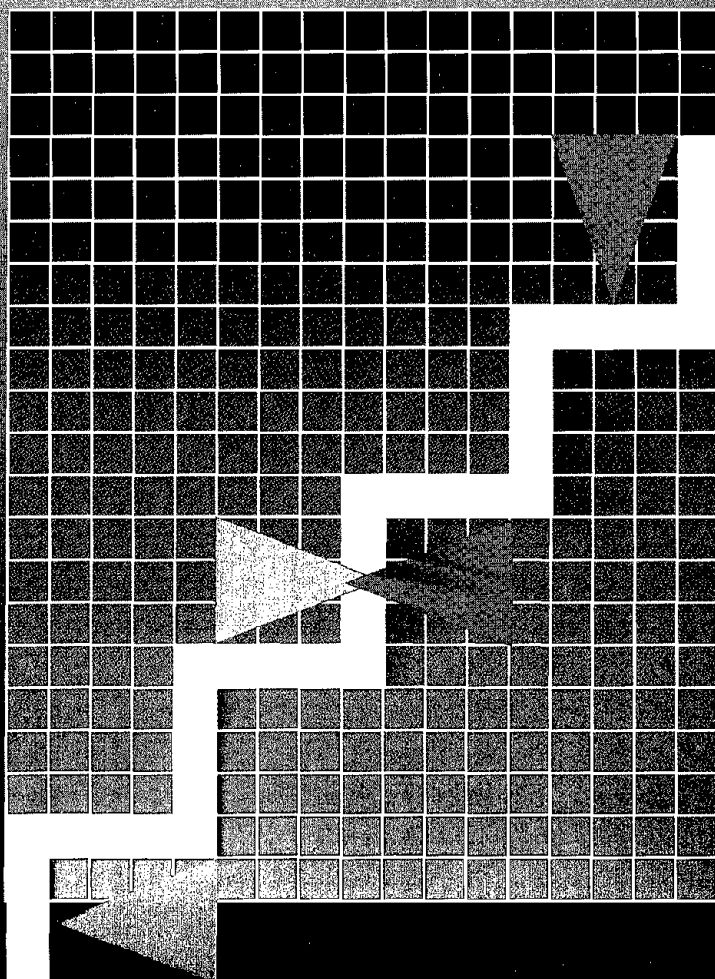
AN ALLIANCE
FOR THE
21ST CENTURY

PB98-124365

Drug Abuse Prevention for At-Risk Individuals

National Institutes of Health

National Institute on Drug Abuse

Drug Abuse Prevention for At-Risk Individuals

U.S. Department of Health and Human Services
National Institutes of Health

ACKNOWLEDGMENTS

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CONTENTS

FIGURES AND TABLES

HOW TO USE THE DRUG ABUSE PREVENTION
RESEARCH DISSEMINATION AND APPLICATIONS MATERIALS

Despite the best efforts of the Federal, State, and local governments, drug abuse continues to pose serious threats to the health, and social and economic stability of American communities. The causes of and factors associated with drug abuse are complex and vary across different segments of the population. To be effective, prevention programs must address not only the drug abuse behavior itself but also the relevant cultural, ethnic, regional, and other environmental and biopsychosocial aspects of the population segments being targeted for the prevention efforts. Therefore, it is important to match the program with the population it is to serve and the local community context within which it is to be implemented. The challenge for prevention practitioners is to select, modify, or design prevention strategies that will meet the needs of their constituencies, whether they comprise a whole community or specific segments within a community.

The Drug Abuse Prevention Research Dissemination and Applications (RDA) materials, of which this resource manual is a part, are designed to help practitioners plan and implement more effective prevention programs based on evidence from research about what works. These materials provide practitioners with the information they need to prepare their communities for prevention programming and to select and implement drug abuse prevention strategies that effectively address the needs of their local communities. These materials are intended for use by prevention practitioners who vary in their training and experience in the field but who are interested in developing prevention programs in their communities. The target audience for these documents includes prevention program administrators, prevention specialists, community volunteers, community activists, parents, teachers, counselors, and other individuals who have an interest in drug abuse and its prevention.

The set of materials contains seven documents. Four pieces comprise a core set of materials that are packaged and distributed together and that provide the foundations needed to begin planning effective prevention programs. The remaining three manuals, of which this is one, can be ordered separately. They provide more detailed information on how to implement specific prevention strategies. The four components of the core set of materials are:

- A *brochure* describes the contents of this set of RDA materials and provides information about how prevention practitioners can obtain these materials.

- *Drug Abuse Prevention: What Works* is a handbook that provides an overview of the theory and research on which these materials are based. It includes a definition of prevention, descriptions of drug abuse risk and protective factors, and a discussion of the key features of three prevention strategies—universal, selective,

and indicated—that have proven effective. The handbook also explains how prevention efforts can be strengthened by using knowledge gained through research.

● *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools* is a resource manual that introduces the concept of community readiness for drug abuse prevention programming. The manual defines community readiness and provides a rationale for assessing a community's readiness prior to the planning or implementation of drug abuse prevention activities. It then identifies seven factors for assessing a community's readiness and offers strategies for increasing readiness factors found to be deficient.

● *Drug Abuse Prevention and Community Readiness: Training Facilitator's Manual* is a 9-hour, modular training curriculum, designed for use by training facilitators in introducing prevention practitioners and community members to the basic theory of drug abuse prevention and the three prevention strategies. The facilitator's manual also provides them with the skills to assess and increase the readiness of a community to launch a prevention effort. The curriculum includes text for lectures, instructions for conducting discussions and exercises, and overheads and handouts.

These four core components are intended to be used together as a set. Three stand-alone documents provide more intensive guidance on implementing the three prevention models introduced in the core set of materials. Each manual provides more detailed information about the strategy, including a rationale for its use, and a description of a research-based program model that illustrates the strategy. Information is provided on the key elements of the program, issues that need to be addressed to implement the program successfully, and resources that practitioners can access for more information about the program. These models have been selected because National Institute on Drug Abuse (NIDA) research indicates that these programs have been effective in preventing adolescent drug abuse. The following are the three stand-alone resource manuals:

● *Drug Abuse Prevention for the General Population* discusses the history and key features of universal prevention programs. The Project STAR Program—a communitywide program designed to teach adolescents the skills necessary to counteract the psychosocial influences that increase the likelihood of substance abuse—is described as an illustration of a universal prevention strategy.

● *Drug Abuse Prevention for At-Risk Groups* discusses the history and key features of selective prevention programs. The Strengthening Families Program—a family-

focused program targeting children ages 6 to 10 whose parents are substance abusers—is described as an illustration of a selective prevention strategy.

- *Drug Abuse Prevention for At-Risk Individuals* discusses the history and key features of indicated prevention programs. The Reconnecting Youth Program—a school-based program targeting 9th- through 12th-grade students who are at risk for dropping out of school, substance abuse, and suicidal behavior—is described as an illustration of an indicated prevention strategy.

These examples of universal, selective, and indicated prevention illustrate how different communities have implemented these approaches effectively and show how the models can be varied in different settings. Their inclusion in these materials does *not* imply an endorsement by NIDA. More information on these program models can be found in a video prepared by NIDA titled *Coming Together on Prevention*, which is available from the National Clearinghouse for Alcohol and Drug Information (NCADI). (See appendix A.) If prevention practitioners determine that one or more of these case examples might be appropriate for their communities, they can use the relevant resource manual as a supplement to the RDA core package. The stand-alone resource manuals are not included as part of the RDA core package and have to be ordered separately. Figure 1 shows how a practitioner might use the documents in this set of RDA materials. Appendix A provides information on how to order the RDA core package, the stand-alone manuals, the video, and other materials on the three programs.

These RDA materials are not intended to be an all-inclusive discourse on drug abuse prevention and programming. The programs presented as illustrations of the three prevention strategies all target children or adolescents. This selection is purposeful because this population has been the major thrust of policy, research, and program efforts. This does not imply that there are no effective drug abuse prevention efforts targeting adults, only that this topic is beyond the scope of these materials.

Throughout this manual and the other documents in the drug abuse prevention RDA materials, the term *substance abuse* is used to refer to illicit drug and alcohol abuse and to the use of tobacco products. Readers unfamiliar with the substance abuse and prevention terms used throughout this manual are referred to the Center for Substance Abuse Prevention (CSAP) *Prevention Primer: An Encyclopedia of Alcohol, Tobacco, and Other Drug Prevention Terms* referenced in appendix A.

Purpose of This Resource Manual

The purpose of this resource manual, *Drug Abuse Prevention for At-Risk Individuals* is to provide the reader with an increased understanding of the concept of indicated prevention. Indicated prevention strategies are targeted to individuals who are at risk for drug abuse and

related problems. This manual describes the key features of indicated prevention strategies, briefly describes some examples of successful indicated prevention programs implemented in different settings, and presents a detailed description of the Reconnecting Youth Program—a school-based program targeting youth in grades 9 through 12. This manual is intended for use by drug abuse prevention practitioners who are interested in learning more about indicated prevention strategies and potentially implementing such a program or programs in their local communities.

The primary objectives of this resource manual are to:

- Provide an overview of the key features of indicated prevention;

- Demonstrate that indicated prevention strategies work by presenting a summary of some of the research on indicated prevention programs in different settings;

- Motivate the reader to consider initiating and/or participating in indicated prevention efforts;

- Provide guidance to the reader who may be considering implementing an indicated prevention program; and

- Describe the Reconnecting Youth Program, which is one example of an indicated drug abuse prevention program.

Specifically, this manual presents an overview of relevant literature on the research-based theory of indicated prevention programming, including a summary of the history and key features of indicated prevention programs. A brief review of the most current research on indicated prevention is included, along with discussions of some examples of successful indicated prevention programs.

Finally, this manual presents a detailed discussion of the Reconnecting Youth Program indicated prevention approach. The discussion addresses the rationale for the inclusion of the Reconnecting Youth Program in this set of RDA materials, the key elements of the Reconnecting Youth Program model, significant research findings about the program, the approach to the implementation of this program, and issues and other points to consider in the implementation of the Reconnecting Youth Program model. Information also is included on resources such as *Reconnecting Youth: A Peer Group Approach to Building Life Skills*, the program implementation book, as well as other training and technical assistance resources that are available for the reader who wishes to implement Reconnecting Youth Program in his or her community.

Figure 1

Drug Abuse Prevention

Research Dissemination and Applications Materials

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│  Community Readiness    │◄───────►│  Prevention/Community    │
│  Resource Manual        │         │  Readiness Training      │
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│ Population     │    │ Resource Manual│    │ Individuals   │
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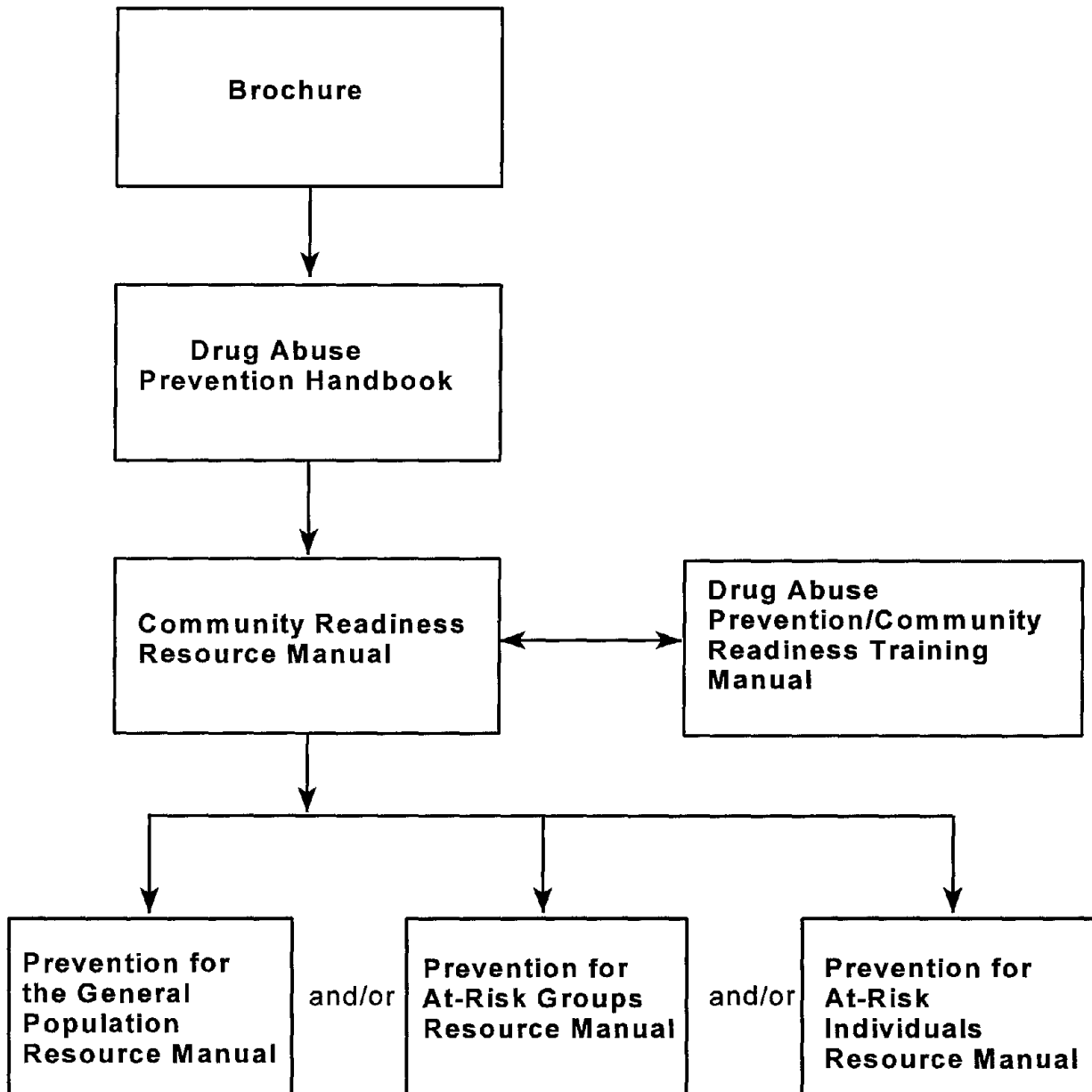
INTRODUCTION TO INDICATED PREVENTION

This chapter presents a general overview of indicated prevention, presents the conceptual basis for indicated prevention, and describes the role of indicated approaches in drug abuse prevention. It explains how to identify individuals who are appropriate for such programs. The key features of indicated prevention programs are presented along with an overview of some of the relevant research on them. The chapter next presents a rationale for why communities should consider indicated prevention. Finally, the chapter ends with an overview of a school-based indicated prevention program model, Reconnecting Youth: A Peer Group Approach to Building Life Skills (the Reconnecting Youth Program).

Two Conceptual Models of Prevention

Traditionally, drug abuse prevention has been conceptualized within a public health model in which prevention efforts are defined as either primary, secondary, and tertiary prevention (Commission on Chronic Illness 1957; CSAP 1991).

- The goal of *primary prevention* is to protect individuals who have not yet begun to use substances to decrease the incidence of new users.

- The goal of *secondary prevention* (also called early intervention) is to intervene with persons who are in the early stages of substance abuse or who exhibit problem behaviors associated with this abuse to reduce and/or eliminate use.

- The goal of *tertiary prevention* (treatment) is to end substance dependency and addiction and/or ameliorate the negative effects of substance abuse through treatment and rehabilitation.

In response to criticism of the public health model, the Institute of Medicine (IOM 1994) proposed a new framework for classifying prevention based on Gordon's (1987) operational classification of disease prevention. The IOM model divides the continuum of care into three parts: prevention, treatment, and maintenance. The prevention category is further divided into three classifications—universal, selective, and indicated prevention interventions, which replace the confusing concepts of primary, secondary, and tertiary prevention. Universal prevention strategies are those that address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, school dropouts, or students who are failing academically. Indicated prevention strategies are designed to prevent the onset of

substance abuse in specific individuals who do not yet meet DSM-III-R or DSM-IV criteria for addiction but who are showing early danger signs—such as falling grades and use of alcohol and other gateway drugs.

These three types of prevention do not correspond at all with the public health model of primary, secondary, and tertiary prevention. The overall aim of these strategies is to reduce the number of new cases of substance abuse as defined by DSM-III-R or DSM-IV. In addition, these interventions are designed to reduce the duration of the early signs of substance abuse and halt the severity and intensity of the progression of such abuse.

For more information on these three prevention approaches, the reader is referred to *Drug Abuse Prevention: What Works* available through NCADI (see appendix A).

Indicated Prevention Intervention Strategies

The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with this abuse and to target them with special programs. Individuals identified at this stage, although showing signs of early substance use, have not reached the point where a clinical diagnosis of substance abuse, as defined by DSM-III-R or DSM-IV criteria, can be made (IOM 1994). Indicated prevention approaches specifically assess individuals who may be abusing substances but exhibit few of the protective factors associated with substance nonuse, such as strong self-esteem or good problem solving skills, and many of the risk factors that increase their chances of developing a drug abuse problem. For example, they may:

- Experience academic failure and be at risk of dropping out of school;

- Be in a nonsupportive school environment;

- Be physically and/or emotionally unhealthy;

- Have families that are nonsupportive and/or dysfunctional;

- Have family members who are substance abusers; and

- Associate with peers who are substance abusers and/or otherwise antisocial.

The aim of indicated prevention programs is not only the reduction in first-time substance abuse but also reduction in the length of time the signs continue, delay of onset of such abuse, and/or reduction in the severity of substance abuse. There are several indicated prevention programs that target youth at risk for drug abuse. These approaches target youth to attempt to

8

decrease or eliminate existing individual self-destructive behaviors that are considered risk factors for substance abuse. These behavior changes are achieved through programs targeting changes in the individual, peer group, school, family and/or community. Youth who participate in indicated prevention programs typically are referred by the schools, the judicial system, or their parents.

Indicated prevention programs concentrate on individuals who manifest significant risk factors for substance abuse such as:

- Academic failure;

- Alienation from school, parents, and positive peer groups;

- Depression;

- Aggression;

- Family discord;

- Deviant behavior or delinquency; and

- Other antisocial behaviors.

Indicated prevention programs focus on decreasing the impact of risk factors for drug abuse by teaching individuals skills that serve to increase their resiliency, that is, those personal characteristics that help them overcome life's obstacles. These characteristics include self-esteem, a sense of personal control, a sense of having a purpose in life, determination and perseverance, optimism, humor, problemsolving abilities, and empathy (Eggert et al. 1994a; Wolin and Wolin 1993).

Indicated prevention programs also focus on strengthening the protective factors and processes within the family, school, and community environments that serve to increase resiliency in individuals. These environmental factors include such things as social support, increased opportunities for involvement in school, and rewards for positive involvement in school and other prosocial institutions (Eggert and Herting 1991; Eggert et al. 1994b; Hawkins and Weis 1985). Indicated approaches that address these protective factors often consist of specialized programs, such as early childhood programs for developmental delays, life-skills or social-competence skills training, and family counseling.

Because schools provide easy access to adolescents who are at risk, schools are a preferred site for many indicated prevention programs that target youth. However, many youth experiencing problems that can be successfully addressed by indicated prevention programs drop out of school or feel alienated from it (Eggert and Nicholas 1992; Powell-Cope and Eggert 1994, pp. 23-51). For these individuals, school outreach, family-, or community-based indicated programs are the preferred means for reaching them and addressing their needs.

Key Features of Indicated Prevention Programs

Indicated prevention approaches differ from both universal and selective prevention approaches in that they target specific *individuals* rather than the entire population or an at-risk subgroup of the population. Indicated prevention efforts can be implemented in several areas including the school, family, and community. Within each of these areas attempts are made to reach the at-risk individual and provide some incentive to change behavior or strengthen skills necessary to become and remain substance-free. The key features of indicated prevention programs include the following:

- Programs target individuals who are experiencing early signs of substance abuse and other related problem behaviors;

- Programs are designed to stem the progression of substance abuse and related disorders;

- Programs can target multiple behaviors simultaneously;

- Individuals are specifically recruited for the prevention intervention;

- The individual's risk factors and problem behaviors are specifically addressed;

- Programs require a precise assessment of an individual's personal risk and level of related problem behaviors, rather than relying on the person's membership in an at-risk subgroup;

- Programs are frequently extensive and highly intensive; they typically operate for longer periods of time (months), at greater frequency (1 hour per day, 5 days a week), and require greater effort on the part of the participants than do universal or selective programs;

- Programs attempt to change the participants' behaviors;

- Programs require highly skilled staff that have clinical training and counseling or other clinical intervention skills; and

- Programs may be more expensive per person to operate than either universal or selective programs because they require more intensive work with individuals and small groups and more highly skilled staff.

Identification of Individuals for Indicated Prevention

Research has shown that the most vulnerable years for initiating drug abuse are between the ages of 12 and 20. During this period, substance abuse has been shown to be associated with antisocial and dysfunctional behaviors, including truancy, academic failure, criminal behavior, and suicide or suicidal behaviors (Hawkins et al. 1987, pp. 81-131; Kumpfer 1987, pp. 1-72; Eggert and Nicholas 1992; Eggert and Herting 1993; Powell-Cope and Eggert 1994, pp. 23-51). Many research studies have shown that a significant precursor of substance abuse among youth is association with antisocial and substance-using peers. Lack of school bonding, as manifested by poor school achievement, truancy, alienation from school, and few extracurricular school-based activities also are factors associated with involvement with such friends. Therefore, youth who are poorly bonded to school are an obvious group to target for indicated prevention programs to help them connect with peers who are positive role models and teachers within the school setting (Huba et al. 1984a, pp. 11-23; Huba et al. 1984b, pp. 111-116; Newcomb and Bentler 1986; Eggert et al. 1990; Eggert and Herting 1991; Kumpfer et al. 1991; Eggert et al. 1994a, 1994b, 1994c).

Once youth have begun to use drugs, universal and selective prevention programs become less effective in dissuading them from continued use because these programs target the general population, most of whose members are not involved in drug abuse. Therefore, indicated prevention activities, as well as treatment programs, are needed to curb continued drug abuse and reduce further substance abuse risks. Consequently, beyond the widely embraced prevention mission of educators, school and health professionals must become more aggressive in reaching out to youth who are at risk and intervening to reduce the prevalence of drug abuse and its adverse consequences.

Drug abuse problems affect persons of all ages and backgrounds, regardless of their risk factors. But research has shown that not all individuals with the same risk factors develop substance abuse problems. Genetic, family, peer and psychosocial, biological, and community factors also have been shown to influence an individual's risk of becoming involved with substance abuse (Dupont 1989; Eggert and Herting 1993; Powell-Cope and Eggert 1994).

Risk Factors

A risk factor is an association between some characteristic or attribute of an individual, group, or environment and an increased probability of certain disorders or disease-related phenomena (Berman and Jobes 1991). Clearly defined risk factors help prevention practitioners assess, identify, and treat at-risk individuals. Risk factors for substance abuse comprise an array of traits or characteristics that have been shown to increase the likelihood that a person will become involved in substance abuse.

All individuals have risk factors or drug abuse vulnerabilities. However, individuals most at risk for substance abuse are especially vulnerable to alcohol and drug abuse problems. In many cases, these individuals already may be engaged in deviant and/or substance abuse behaviors. Youth at risk generally fall into several categories, such as youth who are abused and/or neglected, homeless or runaway youth, physically or mentally handicapped young people, pregnant youth, school dropouts, children of alcoholics and other substance abusers, latchkey children, and youth who are economically disadvantaged (OSAP 1989, pp. xiii-xiv).

The number of risk factors, however, may be offset by protective factors (Eggert et al. 1994a). It is important that a determination of risk for drug abuse assesses both risk and protective factors (Dupont 1989; Eggert et al. 1994c.)

The spectrum of risk factor characteristics or traits that render individuals vulnerable to substance abuse is presented in Table 1. The elements included in this table are based on a review of the available literature by Hawkins and colleagues (1992a) and recent empirical research evidence (Powell-Cope and Eggert 1994; Thompson et al. 1994). For each risk factor an example is presented to describe the kinds of circumstances that contribute to the risk.

Protective Factors

As there are many factors that place youth at increased risk for drug abuse, there also are factors that appear to inoculate or protect youth and strengthen their determination to reject the use of alcohol, drugs or other substances. Protective factors inhibit the self-destructive behaviors and avoid situations that encourage substance abuse. Researchers note three categories of protective factors:

- Attributes of temperament such as self-esteem, feelings of autonomy and control, and a view of life as predictable and basically positive;

- Family cohesion and warmth and the absence of family discord and neglect; and

- Availability and utilization of external supports and resources (Berman and Jobes 1991; Eggert et al. 1994c; Powell-Cope and Eggert 1994).

Table 1

Risk Factors for Substance Abuse

Risk Factors	Example
Family Traits	
Family history of alcohol and drug use	Modeling of substance abuse behavior by family members as well as genetic predisposition for substance abuse.
Poor and inconsistent family management practices	Low levels of parental involvement in activities with their children, poor and inconsistent parental discipline, and low parental educational aspirations for children.
Family conflict	Parental discord, recent family breakups, and family member disagreements and serious fighting.
Low bonding in family	Lack of closeness and a lack of parental involvement in their children's activities.
School Traits	
Academic failure	Poor school performance and poor grades.
Low degree of commitment to school	Students' dislike of school, little time spent on homework, low perceptions of relevance of coursework, and truancy.
Peer rejection in elementary grades	A student's low acceptance by positive peers; appears to increase a student's risk of delinquency, criminality, and substance abuse.
Friendship Network	
Deviant peer bonding	Association with drug-using peers that has been shown to be the strongest predictor and final pathway to drug abuse among youth.
Personal Traits	
Alienation and rebelliousness	Intolerance for conventional values of society, lack of spiritual belief system, and rebelliousness.
Attitudes favorable to substance abuse	Positive attitudes and beliefs by youth regarding substance abuse, onset and frequency of substance abuse, and beliefs and values about reasons for using substances.
Early onset of substance abuse	A predictor of continued and increasing drug involvement.

13

Table 2

Strategies To Increase Protective Factors

Prevention Strategy	Example
Early childhood education programs	Focus on intellectual and social development to reduce academic failure, childhood behavior problems, and family management problems—all substance abuse vulnerabilities for youth.
Family programs for parents of children and adolescents	Focus on parenting skills training and family therapy to reduce family management problems and child behavior problems—risk factors for substance abuse in youth.
Social competence skills training	Focus on social competence skill building that encourages anger control, mood management, and decisionmaking in social situations to overcome aggression and other problem behaviors of youth.
Social support enhancement	Focus on expanding the social networks of youth to enhance their social bonds and potential social resources for help with school and enjoyment of pleasant recreational activities as alternatives to drug use and/or depression.
Academic achievement promotion	Focus on three strategies known to increase academic achievement: • Early childhood education as cited above. • Modifications in classroom instructional practices to increase school achievement (particularly understanding of mathematics) and levels of commitment to school, as well as to reduce suspensions and expulsions from school. Innovative teaching methods that improve school climate include: interactive teaching, proactive classroom management, and cooperative learning. • Tutoring on an individualized basis for low-achieving at-risk youth, accompanied by social competency-skills training to increase positive learning gains.
Organizational changes in schools	Focus on establishing and enforcing school substance abuse policies, holding teacher retreats, and recognizing teacher and student achievements to reduce substance abuse risk factors. A school challenged with high levels of substance abuse may have a difficult time implementing recommended prevention approaches without addressing organizational needs of the school. For example, a school principal may need to include in the teacher's course load an indicated prevention program such as the Reconnecting Youth Program.
Youth involvement in positive activities	Focus on school-based activities, such as experience-based learning, tutoring programs, peer-group work, and skill mastery programs, which promote academic achievement and student involvement in school to reduce the likelihood of substance abuse vulnerability.
Comprehensive risk-focused programs	Address multiple risk factors that have been shown to be more effective than single-issue programs (Eggert et al. 1994a, 1994b; Eggert et al., in press).

For example, a youth may live in a neighborhood characterized by high crime rates and community disorganization but have a positive and supportive relationship with a parent, teacher, or peer who promotes abstinence from drug abuse. Thus, when the youth's individual risk for drug abuse is assessed, both the risk and protective factors must be considered.

Prevention program strategies that are used to increase protective factors are presented in Table 2. For each program strategy presented, an example describes the particular focus and expected goal of the program (Hawkins et al. 1992a).

Types of Indicated Prevention Programs

Indicated prevention programs focus on the school, family, and community domains when targeting individuals at highest risk for drug abuse. Typically, these are stand-alone programs that are offered within community agencies or school settings. Researchers believe that regardless of the particular focus of the prevention approach used in reaching at-risk youth (school, family, or community), there are some basic requirements for developing effective indicated prevention programs. For example, Goplerud (1991) has suggested that prevention practitioners:

- Design prevention activities that target the major risk factors of the individuals. Because each youth is different and has different risk factor vulnerabilities, no single prevention approach will be effective for all.

- Begin with the use of the prevention approach that will be the least intrusive but will be capable of ameliorating the problem.

- Establish consistent rules, responsibilities, policies, and practices for the prevention program.

- Work to develop trust and credibility for the prevention effort through positive actions.

- Assume that an individual's problem with alcohol and/or drugs is not his or her only problem but merely a symptom of other stressors.

School-Based Indicated Prevention Programs

Traditionally, school-based prevention efforts have consisted primarily of universal prevention programs designed to reach every student through educational classes about the effects of drugs. Some of these types of programs teach peer resistance skills. However, the National Commission on Substance-Free Schools (1990) recommends a more aggressive role in identifying students with substance abuse problems and providing programs—to the extent appropriate in the school environment—that address their needs, such as support groups for students in recovery.

Because of an increasing dropout rate, schools are beginning to reach out to youth who are at risk in an effort to keep them in school and away from the kinds of problems associated with substance abuse. Therefore, school-based indicated prevention programs usually address several risk factors simultaneously, such as low self-esteem, academic failure, and depression. One such indicated prevention approach is the *Student Assistance Program* (SAP), similar to employee assistance programs, available in some schools. SAPs usually provide an assessment, crisis hotline, monitoring of a student's performance (e.g., tardiness, absences, grades, discipline problems, demerits, and suspensions), family contacts, support groups or group counseling, and referral to outside agencies, if needed.

A number of useful research-based guidelines are available to help teachers and counselors increase protective factors among youth (Eggert et al. 1994a; Powell-Cope and Eggert 1994). These guidelines stress the importance of:

- Helping youth develop an increased sense of responsibility for their own success;

- Helping youth identify their skills and talents;

- Motivating youth to dedicate their lives to helping society rather than feeling their only purpose in life is to be consumers;

- Providing youth with realistic appraisals and feedback;

- Stressing multicultural competence;

- Encouraging youth to value education and skills training;

- Increasing cooperative solutions to problems rather than competitive or aggressive solutions; and

- Increasing a sense among youth of responsibility for others and caring for others.

The *Early Intervention for Indian Children in Substance Abuse Demonstration Project* is an example of a school-based indicated program for rural Native American children. Project teams identify at-risk students who attend classes taught by a project counselor. Students learn about self-esteem, cultural identity, life skills, and the dangers of substance abuse. They receive tutorial services and attend group therapy sessions. Parents also participate in the program by attending workshops, receiving alcohol and drug counseling, and participating in activities to assist their children in improving their academic performance (Goplerud 1991).

16

School-based indicated prevention programs should be seen as organizing points for reaching youth who are at-risk. One of the most important risk factors for substance abuse is academic failure. If schools can reach students in the early grades, before they dropout, it is possible to prevent the development of more serious behavioral and psychological problems. Indicated prevention programs can establish a link between the child and the school system by using nontraditional teaching methods, smaller class sizes, and incorporating the programs into the school curriculum. Youth can be offered the opportunity to attend specialized classes and receive credit toward graduation for successfully completing a prevention program.

School-based indicated prevention programs benefit the schools in that they not only have positive effects on the individuals, they also have positive effects on school and family relationships. For example, failing students are retained in school, and their behaviors in school and at home improve as they learn more about how their inappropriate behaviors affect their teachers, friends, and family members. However, there are potential problems associated with school-based indicated prevention programs. For example, students may feel stereotyped for being in the prevention program. Therefore, steps must be taken to ensure that the students do not feel singled out and negatively stereotyped for being in the program, and teachers should have the support of the administration before attempting to implement indicated prevention efforts.

Family-Based Indicated Prevention Programs

Family-based indicated prevention approaches include a broad range of programs, specifically designed either for individual parents or for all members of the targeted family. These kinds of programs are intended to reduce the effects of family risk factors and increase family-related protective factors. Family-based prevention approaches also vary widely to accommodate differences among cultural groups. There are many types of family-based indicated prevention programs designed to improve youth development and reduce drug abuse and delinquency.

Indicated prevention approaches, which can be used to develop and strengthen the parenting skills of individual parents, include:

- Parent behavioral skills-training programs;

- Parent support groups;

- Parent aid and inhome parent education programs; and

- Parent involvement in youth groups and school activities.

17

Indicated prevention approaches also can be used to concentrate on developing and strengthening communications and relationships of the entire family and include:

- Family skills training;

- Family therapy;

- Supportive family services;

- Inhome family case management; and

- Programs for family preservation.

Family-based indicated prevention approaches hold promise for a long-term, positive impact on a broad range of youth problems including:

- Substance abuse;

- Teen pregnancy;

- Delinquency;

- Conduct disorders;

- Depression;

- School failure; and

- Lack of successful life adjustment (Stern 1992; DeMarsh and Kumpfer 1985; Kumpfer 1989, pp. 194-221).

The substance abuse prevention field, however, has "by and large, bypassed the use of family as a major target audience or targeted delivery system for alcohol and other drug messages" (Stern 1992). Prevention specialists are usually trained in school- or community-based indicated prevention approaches and therefore avoid use of family-based approaches, possibly because they lack the necessary training to implement these kinds of approaches (Stern 1992).

Although family-based programs are not consistently viewed as drug abuse prevention strategies, any family intervention that reduces family risk factors for substance abuse and promotes family support, organization and bonding should reduce drug abuse. For instance, research has shown that family management practices and family bonding have the highest

correlation to substance abuse initiation in fifth graders (Catalano et al. 1993). Children who experience high levels of family conflict are more likely to become substance abusers and delinquents (Hawkins et al. 1992a; Penning and Barnes 1982).

To be most effective, family-based indicated prevention efforts must be tailored to the developmental needs of the children and to the level of dysfunction within the family. For example, family therapy and other approaches that rely on communication skills are more appropriate for adolescents. However, behavioral parent training approaches that rely on development of behavior management skills are more appropriate for younger children.

An example of a family-based indicated prevention program in a large urban area is the *Primary Prevention of Drug Abuse by Child Abuse Victims of Families With Multiple Risk Factors* in Puerto Rico. The program attempts to prevent the initiation of substance abuse by reducing the physical, sexual, and emotional abuse of children and improving parent-child communication. In this program, volunteers are trained and supervised to meet with children who are victims of child abuse or who have serious behavior problems. Included in the program are weekly individual prevention sessions, parent support groups, and summer weekend family camps (Goplerud 1991).

Another example of a family-based indicated prevention program for adolescents is the *Adolescent Transitions Program (ATP)* The ATP was designed to "provide a supportive, nonstigmatizing, and preventive intervention for at-risk families to promote adaptation in the adolescent years, essentially by reducing current maladaptive [family] processes." The program is intended to prevent the escalation of problem behaviors in adolescents 11 to 14 years of age who are at risk for substance abuse.

The key elements of the ATP include a Parent Focus component and a Teen Focus component. The program is based on a psychoeducational skills development model in which training is provided specifically for the development of new skills. The format of the program is presented with specially designed curriculums for parents and teens. The program is offered in 12 weekly 90-minute group training sessions. The Parent Focus component is structured around a curriculum that targets family management practices and communication skills. The curriculum emphasizes the parents' development of four family management skills—monitoring, prosocial fostering, discipline, and problemsolving—as a means of fostering healthy child adjustment.

The Teen Focus component seeks to enhance the ability of adolescents to regulate their own prosocial (as opposed to antisocial and disruptive) behaviors during interactions with their parents and peers. The curriculum emphasizes the teens' development of specific skills for managing their behavior—self-monitoring and tracking, prosocial goal setting, developing peer environments that are supportive of prosocial behavior, limit-setting with friends, and problemsolving and communication skills with parents and peers.

19

Evaluation of the ATP revealed that this indicated prevention program was effective in several areas. For example, participation in the Parent Focus and Teen Focus groups had a substantial impact on family functioning. Mothers and teens evidenced lower levels of coercive interactions if either were involved in the Parent or Teen Focus program components. In addition, both the Teen and Parent Focus components were helpful in reducing family conflict. Finally, the Parent Focus component, targeting family management practices, was associated with improved behavior of the teens in the school setting.

Community-Based Indicated Prevention Programs

Indicated prevention programs that have a community focus vary widely in approach. For example, they include:

- Public awareness materials;

- Mentoring and tutoring programs; and

- Community youth services programs.

Public Awareness Materials

Although public awareness materials are typically associated with universal prevention approaches, they also can be targeted to specific individuals who are believed to have problems with alcohol and other drugs. In this manner, they are used as indicated prevention efforts. Examples of community-based indicated prevention information strategies include the distribution of films, pamphlets, and other resource materials designed to address specific problems related to drug abuse in specific individuals who are likely already to be abusing substances. For example, materials might be designed to provide information to help recovering drug abusers avoid relapse. Some resource materials, films, and pamphlets are designed to provide information to help drug abusers get help or for family members to recognize the early signs of drug use.

Mentoring and Tutoring Programs

Mentoring approaches to drug abuse prevention can be implemented in schools or community settings and often employ volunteers. Mentoring programs attempt to convey positive values, attitudes, and life skills through one-on-one relationships between youth assessed to be at risk for substance abuse and positive role models. These role models may be community volunteers, college students, parents, or business professionals who are matched with the youth on the basis of their ethnic and cultural similarities. Some intergenerational mentoring programs that use retired or senior citizens have been implemented and evaluated.

Tutoring programs are used to reduce drug abuse among youth who exhibit at-risk behaviors by improving academic achievement, decreasing peer rejection, and decreasing disruptive behavior (Coie and Krehbiel 1984). Some of these types of tutoring programs use a cross-age tutoring approach that uses students who themselves are at risk as tutors for younger students. Other programs use mentors, college students, or teachers to tutor students in school or after school.

Community Youth Services Programs

Community youth services programs, operated by community services agencies, often have as their mission working with problem youth who already are using drugs or alcohol or are having problems in school or with their families. A number of different drug abuse prevention approaches currently popular in community youth services agencies include:

- Alternative youth programs and youth service programs;

- Skills training programs;

- Rites of passage programs; and

- Therapeutic interventions.

Alternative youth programs are community-based approaches that promote recreational, sports, cultural, and educational activities as alternatives to substance abuse. The rationale for these kinds of programs is that providing youth with alternative highs that are incompatible with drug abuse will reduce drug abuse. Youth who are thrill-seekers are more likely to participate in programs that offer some excitement, such as wilderness or urban survival programs, ropes courses, mountain climbing, rapelling, and rafting. Other positive alternatives include cooperative community services, such as removing graffiti from community buildings and developing community murals and volunteering in community programs (Tobler 1986).

Alternative programs often target only the youth who are at risk for substance abuse or who have problem behaviors because the programs are too expensive to implement with all youth. This approach to substance abuse prevention avoids labeling or stigmatizing youth because the programs often never acknowledge their underlying substance abuse prevention purpose explicitly.

Some empirical support for involving youth in alternative activities is found in a study of adolescent substance abusers who were more likely than nonabusers to experience leisure as boring. These findings suggest that students' current leisure activities failed to satisfy the youth's need for optimal arousal or excitement (Hawkins et al. 1992b). Schaps and colleagues (1981) found that the effectiveness of alternative approaches tends to be equivocal. Swisher and Hu (1983, pp. 141-153) suggested that some alternative activities promote decreased substance abuse whereas others promote increased abuse. Prevention programs involving entertainment, sports, social, extracurricular, and vocational activities are associated with increased use of alcohol and other drugs. Other programs involving such things as academic activities, religious activities, and active hobbies are associated with decreased substance abuse. Hence, the type of alternative activity must be selected carefully to decrease exposure of youths who are at risk to substance abuse and to increase their involvement with those who do not abuse substances.

An example of a community-based alternative program is the *Comprehensive Prevention Project for High-Risk Youth* (Goplerud 1991). This program, operated by the State of Colorado Alcohol and Substance Abuse Division, incorporates a 2-week wilderness exercise as one component of a more comprehensive prevention effort for juvenile offenders in community settings. This effective program also includes a comprehensive assessment, sessions devoted to identification of alternative lifestyles, positive role models, education and job training, and community transition.

Skills training programs designed to build competencies, such as life and social skills training programs, are examples of indicated prevention programs that sometimes are offered to problem youth. These programs can be imbedded within a comprehensive youth program for middle school or junior high school students. Generally, a skills training curriculum is expanded in length to match the increased needs of these problem youth. For instance, the *SMARTmoves* program, a substance abuse prevention curriculum based on a peer resistance skills training program, *Project SMART*, has been implemented in public housing communities through Boys and Girls Clubs. Results of evaluations of the program showed that in the housing areas where the Boys and Girls Clubs used the *SMARTmoves* program, there was a lower incidence of crack cocaine use (Schinke et al. 1992).

Rites of passage programs are indicated programs that focus on skills training to build resiliency. These programs also stress the development of personal responsibility among youth as accepted adult members of the community. The importance of the youth's link with community and spiritual values is stressed. Some of these prevention programs targeting youth populations include discussions on issues and topics relevant to substance abuse, and others use skills training and competency development exercises. The *Comprehensive Afro-American Adolescent Services Project* at the University of Cincinnati includes 20 2-hour rites of passage discussion groups, community action projects, and entrepreneurial training activities.

22

Special therapeutic programs are indicated prevention programs for substance abusers or individuals exhibiting advanced indicators of risk (e.g., school dropout, poor grades, delinquency, aggressive behavior, depression, other antisocial behaviors). These types of programs involve problem identification, screening, and referral to special therapeutic programs that are designed to help reduce the presenting problems for which the individuals are referred. Examples of these types of programs include student assistance programs, peer counseling programs, parent-peer groups for troubled youth, teen hotlines, and crisis intervention (Morehouse 1979; Tobler 1986, 1992).

Another example of a special therapeutic program designed to improve the transition from school to work is the *City Lights, Workplace Program* (Goplerud 1991). It prepares youth who have psychological and emotional problems to reduce or avoid substance abuse problems by providing them with individual and group counseling on substance abuse and health issues, family meetings, home visits that focus on crisis resolution, peer counseling, and remedial education and vocational counseling.

Why Consider Indicated Prevention?

The mission of *indicated prevention* is to identify at-risk individuals and target prevention efforts to them to deter or stem the progression of their substance abuse. Indicated prevention approaches target individuals who may not yet be using substances but who exhibit problem behaviors that increase their likelihood of developing substance abuse problems. Ample research findings on the effects of indicated prevention programs clearly support the effectiveness of this approach with at-risk individuals.

Prevention practitioners should consider indicated prevention programs because they are effective, especially for youth who are already using drugs. Individuals at risk for substance abuse and those already using substances require specially designed, targeted programs to meet their needs. As acknowledged earlier, once youth have started using drugs, universal and selective prevention programs are less likely to be effective in dissuading them from continued use because these programs are usually insufficient in length and intensity. Therefore, indicated prevention approaches should be considered as a means to reduce further risks and curb continued abuse.

Unlike either universal or selective prevention programs, indicated programs require a precise assessment of an individual's personal risk for substance abuse. Rather than relying either on the individual's residence in the general population (as with universal programs) or on their membership in an at-risk subgroup (as in selective prevention), indicated prevention programs address the needs of individuals by specifically targeting the reduction of their risk factors for abuse and enhancing their protective factors. These programs usually last longer and provide more intensive skills building to address problem behaviors than are available through universal and selective programs. Therefore, by using indicated prevention techniques, communities can

23

identify individuals who are experiencing problems and link them to services before those problems require treatment or more intensive interventions. Communities are thereby able to create and maintain environments that are conducive to the empowerment of their citizens and are supportive of young people's learning how to deal with their problems and reject substance abuse.

The Reconnecting Youth Program: An Example of Indicated Prevention

Reconnecting Youth: A Peer Group Approach to Building Life Skills is a school-based indicated prevention program developed by researchers from the University of Washington in Seattle; Stanford University, Stanford, California; and Bellevue Public Schools in Bellevue, Washington. It was developed to help schools, communities, and parents prevent and intervene in the destructive cycle of school dropout, substance abuse, and suicidal behavior among youth who are at risk and vulnerable to these problems.

Reconnecting Youth takes the form of a regular high school class called the Personal Growth Class (PGC). It is offered for credit in a school's curriculum. The course is designed to be delivered in daily 50- to 60-minute class sessions during regular school hours. Typically the course is presented over one 5-month semester (20 weeks). An optional second semester was designed and taken by some youth for the purposes of continued growth and relapse prevention. The program highlighted in this resource manual is the one-semester version. The reader is referred to *Reconnecting Youth: The Personal Growth Class* (Eggert et al. 1995) for full information about the one-semester version of the program. Special features of the class include a school person (e.g., teacher, counselor, school nurse, school psychologist) trained to work with students who are at risk, a small-group format, and a group leader:student ratio of 1:12 per class.

The Reconnecting Youth model combines two central ingredients: social support (from the PGC teacher and peer group) and life-skills training. Through group support and the inculcation of feelings of belonging among the students, skills training is integrated into the PGC to achieve the program goals. In this sense, the framework for the Reconnecting Youth model is grounded in psychoeducational theories and principles. The heart of the program is the group leader whose task is to facilitate the development of a positive peer culture to promote behavior change and goal achievement.

After targeting young people with multiple risk factors, the program attempts to teach skills to reduce risk factors and build resiliency in these youth. Research results show that the Reconnecting Youth Program is a promising approach to reaching young people before they drop out of school and become increasingly involved in substance abuse and other antisocial behaviors.

Reconnecting Youth is a unique program for students who are at risk because it is intensive, comprehensive, and multifaceted. The developers have incorporated methods for social support and motivational learning, as well as experiential learning skills to promote enthusiasm for learning among the students into the PGC curriculum. These experiential learning skills include:

●   Peer support and tutoring to increase academic achievement;

●   Decisionmaking skills to promote students' ability to resist offers to use alcohol and other drugs or participate in other delinquent or potentially harmful behaviors; and

●   Personal control skills and weekly monitoring of mood, school behaviors, and drug-use control to promote skills building and enhance school performance.

The Reconnecting Youth is a school-based prevention approach because the school is central to the development of adolescent socialization; it is the place where bonding to either prosocial or deviant peer groups is reinforced. The school also is the place where adolescents use and share drugs. Early signs of substance abuse ultimately emerge in student behaviors at school; and teachers are good observers of students' behaviors, often being the first to recognize the early warning signs.

Reconnecting Youth was selected as an example of indicated prevention for inclusion in this resource manual because:

●   It includes many of the key features that are characteristic of indicated prevention programs.

●   Participants are specifically assessed to be eligible for the program because they meet criteria that define them as being at risk of dropping out of school and abusing drugs.

●   It is a comprehensive, sustained semester- to year-long program.

●   It is psychoeducational in that it integrates small group work, life-skills training, and school bonding and social/recreational activities.

●   It includes a peer-group-support component.

●   It is explicitly designed to modify known risk factors associated with school dropout, adolescent drug involvement, depression, and youth suicide risk.

●   It is explicitly designed to enhance personal and social protective factors.

●   It was implemented and evaluated using a partnership approach among students, school staff, parents, and a team of prevention researchers.

●   It has demonstrated effectiveness in reducing the drug involvement, depression, and suicide risk and increasing school performance and related mediating factors such as increased self-esteem and personal control, decreased deviant peer bonding, and increased school bonding and social support.

Although the Reconnecting Youth Program is an important example of indicated drug abuse prevention, it is presented here only to illustrate how indicated prevention approaches can be implemented effectively and to provide guidance for prevention practitioners who are considering implementing an indicated prevention program. Although the Reconnecting Youth Program is an effective research-based prevention program, the reader is reminded that inclusion of this program in this manual does not imply an endorsement by NIDA.

The foregoing discussion has provided an overview of indicated prevention, including the key features of indicated prevention programs and the factors that are used to identify individuals for indicated prevention efforts. Various types of indicated programs were briefly described, and the rationale for the inclusion of Reconnecting Youth in the drug abuse prevention RDA package was discussed. The following chapter will present a detailed discussion of the Reconnecting Youth model of indicated prevention.

INTRODUCTION TO RECONNECTING YOUTH: A PEER GROUP APPROACH TO BUILDING LIFE SKILLS

This chapter presents an introduction to the Reconnecting Youth Program and provides an overview of the program's history, including the theoretical basis, a discussion of its goals and objectives, and the approach taken in the development of this indicated prevention model. Finally, the chapter provides a detailed discussion of the research findings on the efficacy of Reconnecting Youth in preventing substance abuse and associated problems.

History of the Reconnecting Youth Program

The Reconnecting Youth Program is a program for high school students in grades 9 through 12. These older adolescents, at risk for substance abuse and other self-destructive behaviors, find themselves exposed to a less sheltered world than youth in middle school or junior high school. At the high school level students are faced with more opportunities and more choices that have negative consequences. Reconnecting Youth, therefore, is designed to teach skills to build resiliency among youth to avoid substance abuse and associated problems. There are three key elements of the Reconnecting Youth program:

- A Personal Growth Class (PGC) component that combines two essential features, positive peer group support with life skills training;

- A social activities and school bonding component; and

- A school-system-level crisis response plan and social support component.

Theoretical Framework of Reconnecting Youth

The theoretical framework for Reconnecting Youth is based on a combination of models that describe the vulnerabilities of youth who are at risk for school dropout. The framework incorporates findings from research on the factors that appear to influence the three cooccurring problems of school deviance, drug involvement, and suicidal behaviors (Eggert et al. 1994a). These factors have implications for behavior change and the enhancement of protective factors. The framework, presented in figure 2, shows that multiple risk factors (or vulnerabilities) and corresponding deficits in protective factors are common ingredients that influence behavior problems.

This picture of multiple vulnerabilities is consistent with other theoretical models of adolescent substance abuse involvement (Elliot et al. 1985; Huba et al. 1984a, pp. 11-23; Huba et al. 1984b, pp. 111-116). A common feature of these theoretical models is that no single factor explains adolescent substance involvement or problem behaviors. Multiple factors are involved; thus, prevention programs must be multifaceted and comprehensive in approach.

Figure 2

Profile of Risk and Protective Factors Linked With Interrelated Outcomes
for Youth At Risk for School Dropout
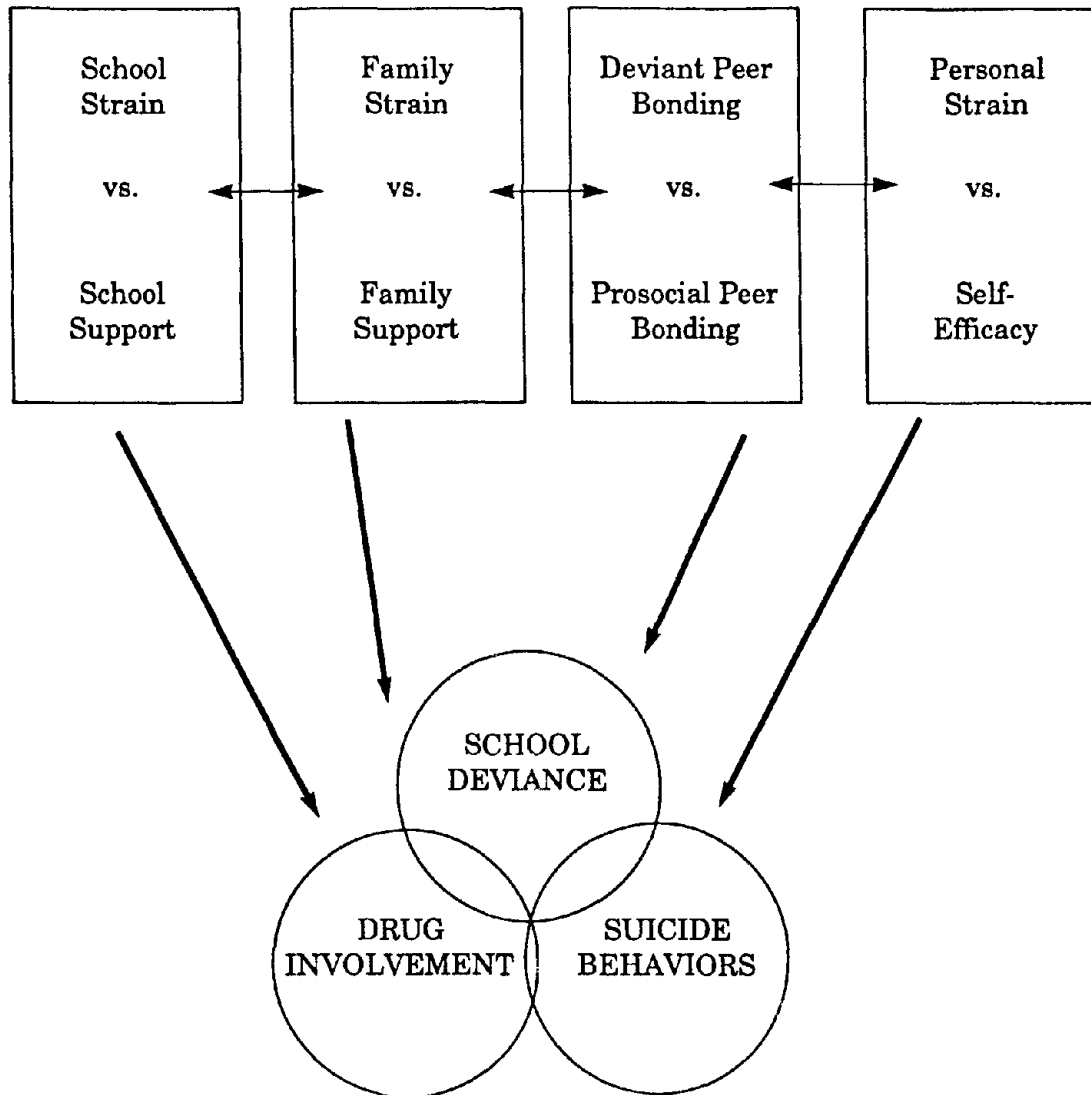
The basic premise of Reconnecting Youth is that behavior does not develop, nor is it sustained, in a vacuum. Rather, the behavior of the individual is formed and maintained within a network of social relationships. The developers of Reconnecting Youth associated the peer group, teacher-student relationships, and the school with the onset and progression of substance involvement, truancy, and school failure. This theoretical framework provided the foundation for the program and identified the school as the logical place in which to operate the program (Eggert and Nicholas 1992).

Given this basic premise, the Reconnecting Youth developers reasoned that the risks of school strain, family strain, deviant peer bonding, and personal strain needed to be counteracted in the prevention program. Furthermore, they reasoned that counteracting these risk factors meant directing program efforts at building school support, family support, prosocial peer bonding, and self-efficacy. These kinds of programmatic efforts are required to decrease existing problems, or prevent the onset of future problems related to school deviance, substance involvement and/or suicide risk behaviors. A more detailed presentation of the theoretical foundation is provided in the work of Eggert (1987, pp. 80-104); Eggert and Nicholas (1992); and Eggert and colleagues (Eggert et al. 1990; 1994a; 1994b).

Three strategies that apply current drug abuse prevention and intervention theory were incorporated into the Reconnecting Youth program:

- Using a teacher/peer social support and social influence model for preventing substance abuse, school dropout, and depression/suicide risk in vulnerable youth;

- Improving the classroom environments of at-risk youth through the use of social network prevention approaches; and

- Harnessing the capabilities of educators within the school environment to detect early signs of delinquency, substance abuse, and truancy and providing early identification, referral, and intervention for youth at risk.

Goals and Objectives of the Reconnecting Youth Program

The Reconnecting Youth Program seeks to bond youth to school in positive and productive ways and increase their personal control. The key to the success of the program is to promote personal growth and change through a positive peer group atmosphere created by the group leader, the PGC teacher. Thus, the Reconnecting Youth Program has three central goals, with specific objectives by which the program goals are achieved. These goals and objectives are:

- To increase school performance and motivation for scholastic achievement by:

—   Increasing school bonding;

—   Increasing attendance in all classes;

—   Increasing grade point average (GPA) across all classes; and

—   Increasing the number of credits earned per semester toward graduation.

●   To decrease drug involvement and the incidence of destructive behaviors by:

—   Increasing drug abuse control;

—   Reducing the frequency of alcohol and drug abuse;

—   Increasing healthy alternatives to alcohol and drug abuse; and

—   Decreasing adverse drug abuse consequences experienced with friends, with family, at school, and with law enforcement.

●   To decrease suicide risk by:

—   Decreasing specific risk factors for suicide such as depression and hopelessness, anger control problems, and stress; and

—   Increasing specific protective factors such as self-esteem, personal control, social support from peers, family, and school; and development of depression, anger, and stress management skills.

Through the PGC, the program achieves its goals by developing a small group support-system and increasing students' skills in four primary areas: self-esteem enhancement, decisionmaking, personal control, and interpersonal communication. Research has shown that social support and skills training can help at-risk youth avoid risky situational pitfalls, reduce their substance abuse, and decrease harmful consequences of substance abuse (Eggert et al. 1994a, 1994b).

The Reconnecting Youth Program Development Approach

Early in the planning process, the Reconnecting Youth developers determined that three core requirements must drive the program's design:

- That the adolescent dropout/substance abuse prevention program must be multifaceted;

- That a teacher and peer social support model must be included in the program to prevent continued use of substances or relapses; and

- That the school must be the logical environment for the prevention program (Eggert et al. 1990).

Given the requirements for the program design, Eggert initially reviewed the variety of psychosocial strategies that often are used to prevent delinquency and substance abuse, such as:

- Positive peer group culture (Vorrath and Brendtro 1985);

- Life skills counseling (Schinke and Gilchrist 1984); and

- Cooperative learning models.

The intent of the review of psychosocial strategies was to enable the Reconnecting Youth developers to design a broad-based curriculum to prevent substance abuse among at-risk youth (one that would be inclusive of these strategies) to implement in the school setting. The outcome of the developers' review of the psychosocial strategies was the Reconnecting Youth Program model—a psychoeducational model.

Finally, the developers reasoned that schools are a central institutional element of adolescent socialization and early signs of antisocial conduct are manifest in student behaviors at school. They reasoned further that school personnel are astute in recognizing these signs of antisocial behavior early in the cycle of adolescent drug involvement. Consequently, the school was deemed the most appropriate setting for reaching the appropriate population of youth (Eggert et al. 1990; 1994b).

PGC: A Unique Psychoeducational Class

The PGC component of the Reconnecting Youth Program is a unique psychoeducational class in that it incorporates two research-based and complementary submodels:

- A *group support system submodel*, and

- *A life-skills training submodel.*

These two sub models are represented in figure 3.

In effect, the PGC integrates a positive peer group culture and counseling with a life skills development learning process. Group work and skills training are vitally linked in the PGC.

The Group Support System Submodel

This fundamental aspect of the PGC involves *social support* from the leader who conducts the group and from members of the peer group who participate in the class. This PGC submodel focuses on the *medium*, or motivating force, for behavior change that comes from the positive peer group culture created by the group leader. The medium is characterized by:

- Group belonging and acceptance for all members;

- Exchanges of support and help among all PGC group members; and

- Consistent acceptance and support of and help for each PGC member by the group leader.

To provide the kind of setting in which behavior change can occur, an essential first step in this submodel is to meet the students' need to *belong* and receive acceptance and support from their peers. From the first day of the program, it is the task of the group leader to ensure that each student feels welcomed, has a good experience in the group, and leaves the group session with a sense of belonging. Thus, the core of the program is the group leader who must create the positive peer group culture and social support system. These are fostered by consistently demonstrating and role-modeling the accepting and supportive behaviors in the leader's interactions with each student and with the group as a whole, establishing group belonging and support as the *norm* in PGC, and motivating group members to care about one another. The activities in the group sessions nurture bonding and behavior change by making caring about each other a desirable part of the group experience.

The Life-Skills Training Submodel

This second fundamental aspect of the PGC involves *life skills training* that is integrated into the program through the group support system. As shown in table 3, the PGC is designed to foster development of four primary personal and social life skills. Each life skills training unit is approximately 4 weeks long. The common purpose shared by the group is to positively reinforce the key concepts taught during the skills training sessions.

Figure 3

The PGC Model: Integrated Group Work and Skills Training

FOUR SKILLS TRAINING AREAS

1. Self-Esteem Enhancement
2. Decision Making
3. Personal Control
4. Interpersonal Communication

WITHIN PEER-GROUP CONTEXT'

THREE PROGRAM GOALS

1. Increase School Performance
   (Grades, Credits, Attendance, Work)
2. Increase Drug-Use Control
3. Increase Mood Management
   (Depression, Aggression, Suicide Risk)
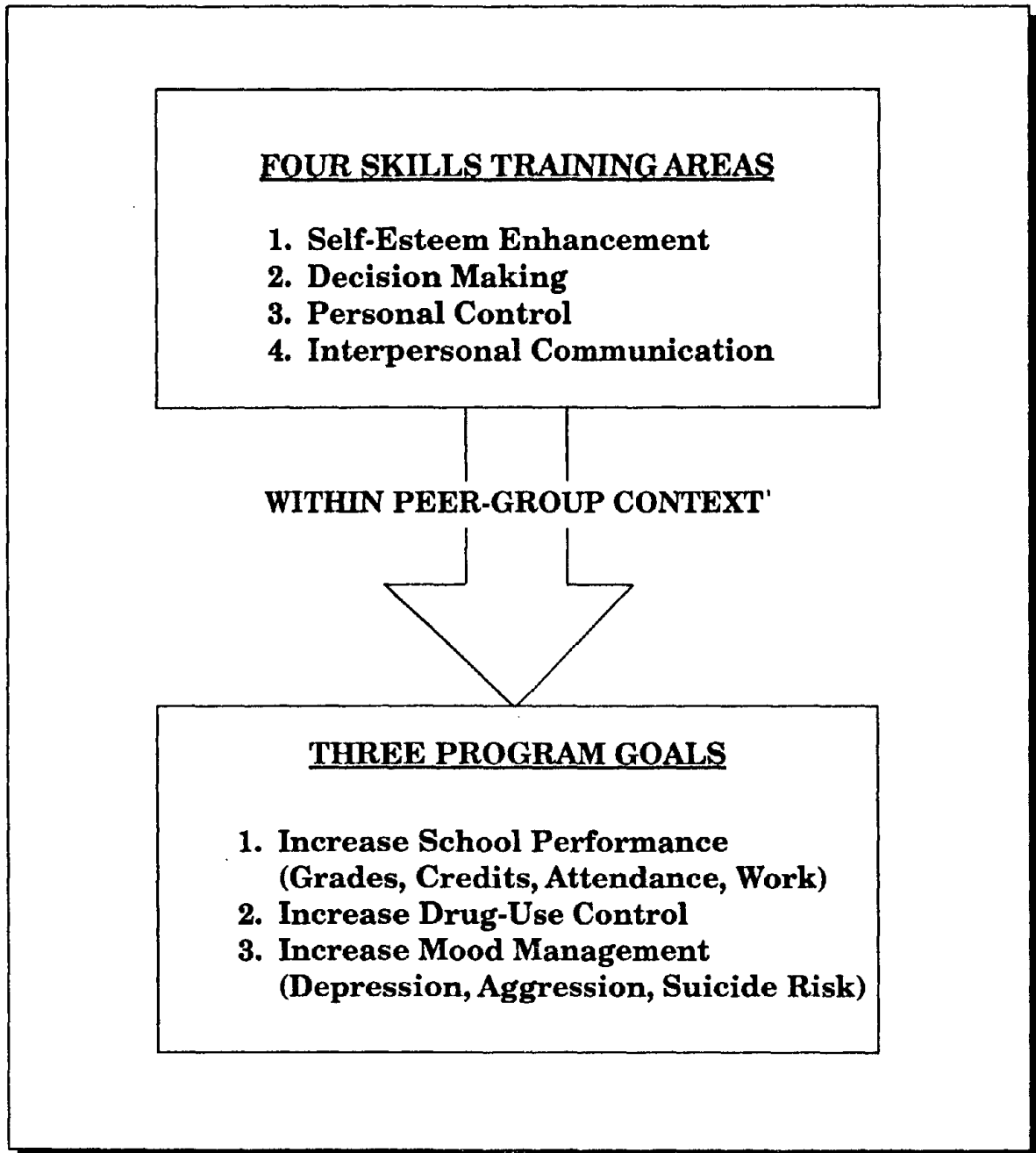
Source: Eggert et al. 1995a, p.2.

Skills training in the PGC follows a sequential format. First, the training introduces the PGC program and motivates students to get involved in it. Next, the program moves to implementing activities to ensure that every student becomes competent in each of the four skill areas. This skills-development aspect of the program is accomplished before students are expected to be able to apply the skills they learn in the group to real-life situations outside the group. Finally, the PGC provides activities that help reinforce students' abilities to maintain their new skills after they leave the group. Thus, the sequential stages, adapted from Schinke and Gilchrist (1984), are *motivational preparation, skills building, skills application,* and *skills transfer*. A more detailed discussion of the four life skills training areas is provided in the following chapter of this resource manual and in *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (Eggert et al. 1995a).

Table 3

Personal Growth Class Life-Skills Units

1. Self-Esteem Enhancement (SE)	3. Personal Control (PC)
• Support skills for self and others (positive self-talk, positive actions) • Support positive self-esteem in self and others • Apply self-esteem to the three program goals	• Pay attention to stressors and stress responses • Use healthy coping strategies for handling stress, depression, anger • Manage intense feelings in a healthy way • Apply PC skills to the three program goals
2. Decision-Making (DM)	4. Interpersonal Communication (IPC)
• Use STEPS decisionmaking process (see pp. 54-55) • Set goals for improvement (desirable, realistic, specific, and measurable) • Celebrate accomplishments • Apply DM steps to the three program goals	• Express care and concern for others • Listen carefully and give helpful feedback • Share thoughts and feelings tactfully • Give and receive constructive criticism • Apply IPC skills to the three program goals

34

Integrating Group Support and Life Skills Training Submodels

The major challenge for the group leader is integrating group support and life skills training aspects of the PGC using students' real-life problems and concerns as the working material for behavior change. The group leader must help students acquire the skills within the group before they can help each other cope with individual crises. The content and sequencing of the skills training sessions go hand in hand with the phases of group development. Interweaving the group work with the skills training helps group members bond with one another, work though the difficult *storming* phase of groups (see pp. 61), develop a common sense of purpose for the group, and support one another in behavior change and goal achievement during the group's *working phase*. This topic is discussed in more detail in the next chapter.

The Anti-Substance-Abuse Message

Reconnecting Youth is designed to reach youth who may already have experienced some substance abuse, depression, or suicidal behaviors. These at-risk youth typically have low grades and poor school attendance and are behind in credits earned for grade level. Thus, the message must be one of hope. Students must understand that they can be successful, get control of their lives, and have a more positive life and school experience.

In the PGC group setting, students are encouraged to share their true feelings on many personal topics, including substance abuse. Problems are treated as opportunities for growth. Many students already understand that their personal and school problems are linked with substance involvement. Thus, the PGC leader helps students explore further the consequences of substance abuse and take steps toward changing their substance using behaviors.

PGC leaders must communicate a *no-substance-abuse* message while participating in frank discussions about the current use of alcohol and other drugs by PGC students. Although it is recognized that many students enrolled in the Reconnecting Youth Program will have preexisting substance abuse adverse life consequences, the ultimate goal of the course is *no use of substances*. Consequently, an intermediate goal of the program is to assess current substance abuse behaviors and set goals with students to reduce levels of this abuse on an incremental basis, until the point of no use is reached.

Federal law requires a clear *no-use* message related to drug abuse. The Reconnecting Youth approach for assisting at-risk youth *to get and stay* substance-free should be implemented as just one part of a school district's overall K through 12th-grade drug abuse prevention programs, including other vital elements of prevention education such as student assistance programs and community involvement. More information on Federal substance abuse prevention requirements for schools is available through NCADI.

Social Activities and School Bonding

The second key element of the Reconnecting Youth Program, social activities and school bonding, is a practical extension of the life skills training. The intent of this program element is to:

- Reinforce health-promoting activities and teach students how to expand their repertoires of recreational and social activities;

- Teach students to see service as an opportunity for growth; and

- Provide students with opportunities for developing close friendships and bonding to their school.

Social activities and school bonding activities differ in their purposes. Social activities occur outside the school setting. Through participation in social activities, students learn to work with others to solve dilemmas and practice social skills they are taught in class. Substance-free weekends, in which students engage in an activity such as attending a sporting event together, are a cornerstone of the social activities element of the Reconnecting Youth Program. School bonding activities reconnect participating youth to the larger institution of the school. The key for successfully bonding students with the school is to use students' strengths to meet identified needs within the school. For example, students who relate well to others can act as mentors for younger students to demonstrate skills the younger students can use to build their resilience. This key element is explored in more detail in the following chapter.

Crisis Response Plan

The third element of the Reconnecting Youth Program is a school system crisis response plan for addressing suicide or accidental death resulting from the association between suicidal thoughts and substance abuse. The plan details methods for preventing suicide, responding to suicide or accidental death, and preparing for postsuicidal interventions. It provides guidelines for assessing suicidal behavior, making appropriate interventions, and responding to suicide or accidental death. Information is included on how to train staff, students, and parents to recognize signs of suicidal thinking and to intervene appropriately. This element is presented in more detail in the following chapter.

Parents are encouraged to become involved in supporting the program through classroom activities; this support may include providing assistance with at-home activities. Parents also are encouraged to learn the signs of substance abuse so they will be able to intervene early if their children develop substance abuse problems.

Finally, the involvement of the broad community is encouraged as a means for supporting youth in the program. For example, school administrators and teachers are encouraged to establish links and form alliances with community groups, especially agencies and organizations that work with young people who are at risk for substance abuse and other problems, to strengthen the curriculum and base of support within the community.

Reconnecting Youth Program Efficacy: Research Findings

There is empirical support for the efficacy of the Reconnecting Youth Program, an indicated prevention program. Several versions of the program, representing refinements and improvements to the key elements, were implemented and tested over a 10-year period. In its current form, the semester-long program addresses behaviors of youth at risk for drug abuse, school dropout, and suicidal behaviors. Students enrolled in the program were at significantly higher risk than typical high school students. The at-risk students served by Reconnecting Youth were characterized as having, at program entry, more negative experiences, greater drug involvement, more emotional problems, more deviant peer bonding, greater family disruption and strain, and less social support than the typical high school student (Powell-Cope and Eggert 1984, pp. 23-51; Eggert and Herting 1993; Thompson et al. 1994).

The research design used to field test the program involved collecting data at the beginning of the program, after it was completed, and at followup 4 months later (Eggert et al. 1994a; 1994b). Students who participated were randomly selected from a large pool of identified at-risk youth. Students completing the PGC course were compared with students who were at risk but who were not enrolled in the course. The analysis assessed whether trends in increased school performance and decreased drug involvement among PGC youth were significantly different from those of at-risk control students. In addition, the developers considered the degree of change in the related outcome factors of self-esteem, deviant peer bonding, and school bonding. The developers also assessed the effects of the PGC in increasing personal control and in reducing other cooccurring problems among the youth, such as aggression, depression, and suicidal behaviors (Eggert et al. 1995b).

The following is a detailed discussion of some variables on which the PGC demonstrated positive impact. In general, research conducted by the developers of Reconnecting Youth demonstrated that the program was effective in:

- Increasing school performance;

- Reducing indicators of drug involvement;

- Decreasing deviant peer bonding;

37

- Increasing self-esteem, personal control, school bonding, and social support; and

- Decreasing depression, hopelessness, stress, and suicidal behaviors.

School Performance

Changes in school performance were examined using data from school records related to semester GPA and class absences across students' classes (*excluding* the PGC grade and absences). These changes are depicted in figure 4. The PGC students' grades increased during the program and were sustained one semester later. This result differed significantly from the pattern evidenced by the control students who did not receive the program. In short, these findings point to improvements in actual school *grades* for PGC students with little change for the controls. There were no significant differences in these patterns between males and females. Moreover, the students' own perceptions of their school achievement (GPA), as measured by their self-reports, mirrored the school-record findings, indicating that their self-perceptions were accurate (Eggert et al. 1994b).The number of class absences for PGC students declined slightly over the course of the semester. This finding is in contrast to the sharp increase in class absences noted among control students during the same period. When measured again at followup, the number of class absences for the PGC students remained steady, but the absences for the control students again declined to their pretest level.

Drug Involvement

Measures of drug involvement were based on students' responses on the *Drug Involvement Scale for Adolescents*, multidimensional scales based on frequency of alcohol use, other drug use, drug arrests, drug-use control, and adverse consequences (Eggert et al., in press; Herting et al., in press). A drug use progression scale was computed based on frequency of alcohol and drug use. This computed scale measures no use, cigarette use only, beer/wine use, hard liquor use, marijuana use, illicit drug use other than cocaine, and cocaine use. Students responded to statements that concentrated on hard drug use and drug use progression, that is, the transition from abuse of licit substances to illicit drug use.

The results of the PGC are presented in figure 5. The research findings showed that PGC students' drug use (including cocaine, opiates, depressants, tranquilizers, hallucinogens, and stimulants) declined during the program and the decrease was sustained at followup. This result differed significantly from the increasing drug use among control students. In addition, PGC students' progression of drug abuse was curbed and drug control problems and consequences showed declines during the program and at followup. The control students, however, showed a progression toward greater illicit substance abuse and drug control problems and consequences.

Figure 4

Research Results: School Performance
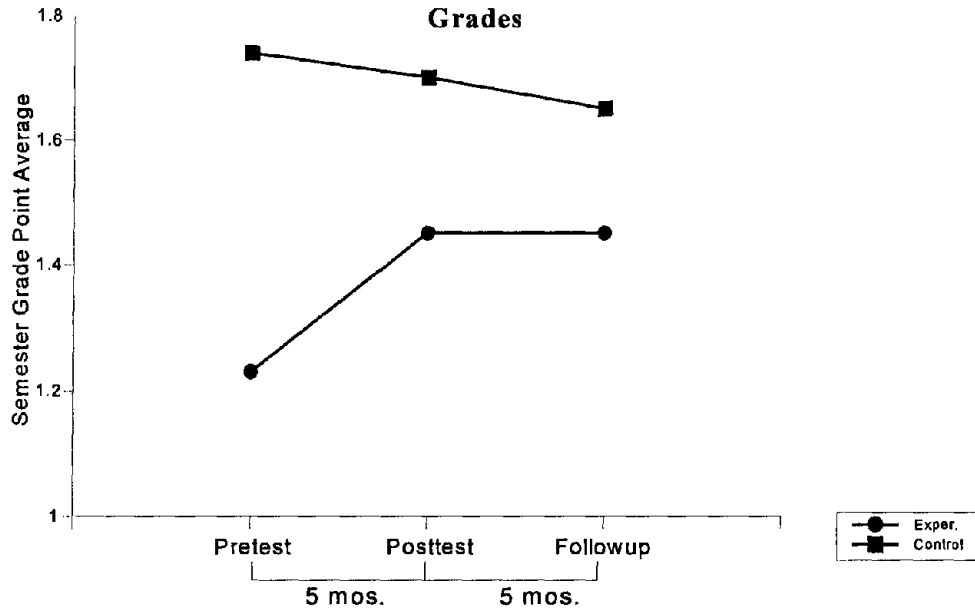
Grades

Note: GPA at program exit calculated with the *Personal Growth Class* class grade excluded. School absences measured in number of classes missed per semester (90 days, 6 classes per day).
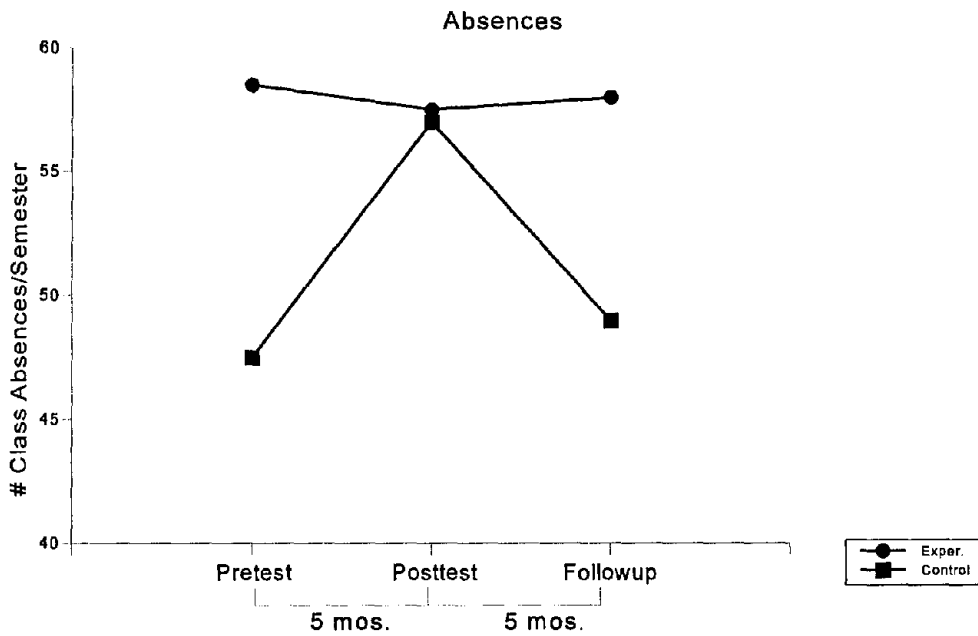
Absences

Note: GPA at program exit calculated with the *Personal Growth Class* class grade excluded. School absences measured in number of classes missed per semester (90 days, 6 classes per day).

Source: Eggert et al. 1994b, p. 209.

Figure 5

Research Results: Drug Involvement
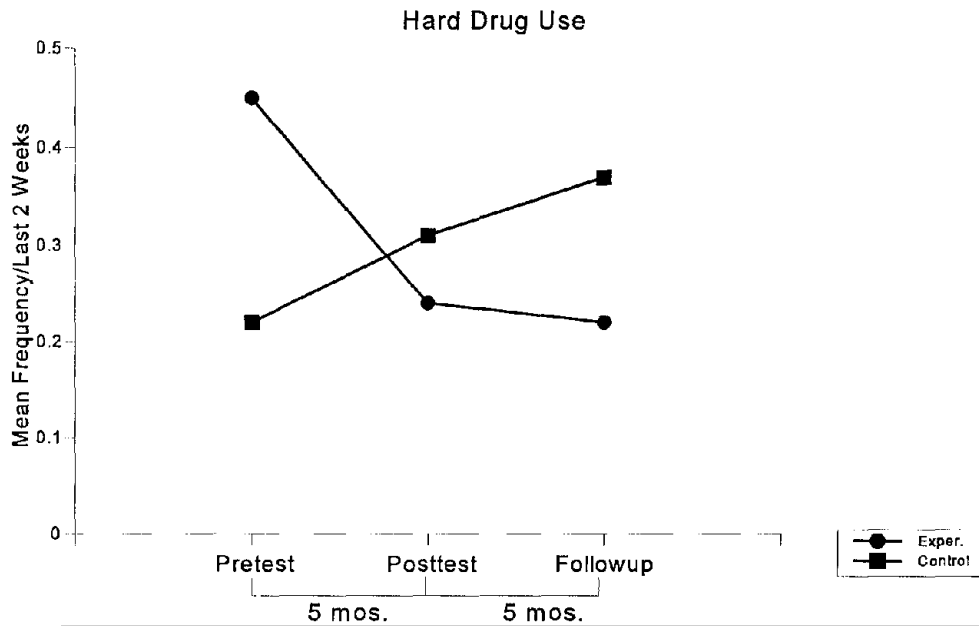
Hard Drug Use

Note: Hard Drug Use is mean of 6 illicit drug types including cocaine, opiates, depressant, tranquilizers, hallulcinogens and stimulants. Frequency of use was measured with a 0 - 7 scale ranging for the prior two weeks with 0 = not at all, 1 = once, 2 = twice, 3 = 3 times, 4 = several times/week, 5 = almost every day, 6 = every day, 7 = several times/day.
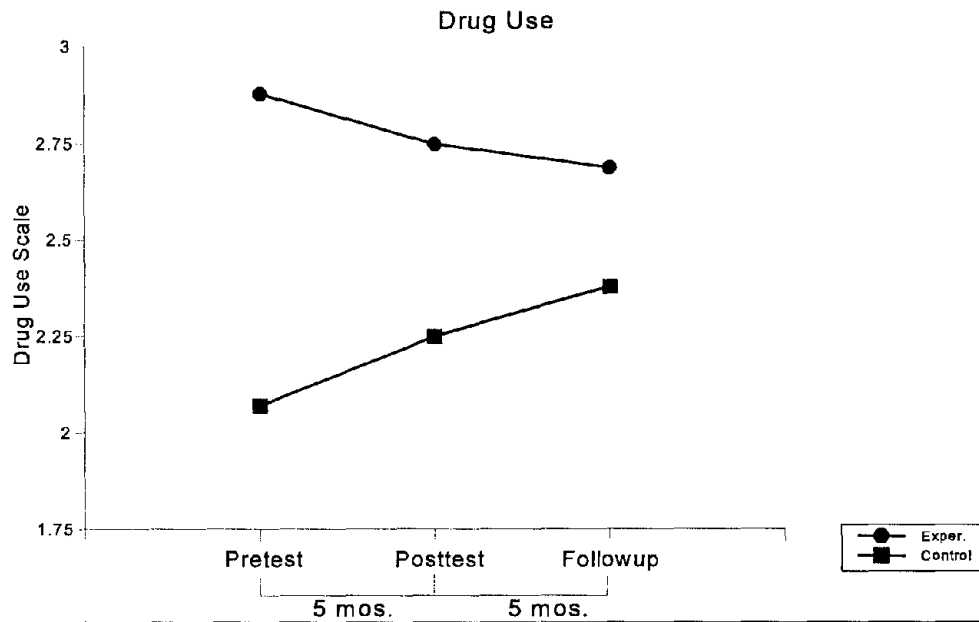
Drug Use

Note: Drug Use measured with a 0 - 6 scale, ranging from 0 = no use; 1 = cigarette use only; 2 = beer/wine use; 3 = hard liquor use; 4 = marijuana use; 5 = illicit drug use other than cocaine; 6 = cocaine use.

Source: Eggert et al. 1994b.

40

Personal and Social Resources

The PGC was designed to effect changes in personal and social resources, that is, to enhance self-esteem and personal control, weaken bonds to deviant peers, and strengthen bonds to school. Research findings on these factors, depicted in figures 6 and 7, were examined using data from the researchers' *High School Study Questionnaire: An Inventory of Experiences* for three indicators:

- Self-esteem—a brief version of the Rosenberg Self-Esteem Measure was used to assess internalized self-regard and self-worth.

- School bonding—the degree of attachment to teachers and commitment to conventional school goals were measured with a three-item scale designed to measure students' perceptions of support received from all their teachers.

- Deviant peer bonding—the degree of attachment to peers involved in socially deviant behaviors was measured using a scale adapted from Elliott and colleagues (1985).

The research results showed significantly different patterns of change between PGC and control youth. For example, whereas both PGC and control students showed an increase in self-esteem over time, including after completion of the PGC program, PGC students showed a significantly greater increase from pretest to followup. For school bonding, PGC youth showed a pattern of steady and significant increase. In contrast, control youth showed no significant change from pretest to followup.

For deviant peer bonding, the patterns of change were different for males and females. For PGC females, deviant peer bonding declined over time; for PGC males, it increased. Deviant bonding for both males and female controls increased over time (Eggert et al. 1994b).

In summary, these results demonstrate the program's efficacy related to:

- Reducing *drug use* (e.g., amphetamines and cocaine);

- Stemming the progression of drug abuse;

- Decreasing drug abuse control problems and adverse drug abuse consequences;

- Improving school performance in terms of increased GPA and credits earned per semester; and

- Effecting desired changes in school bonding and deviant peer bonding.

Figure 6

Research Results: Self-Esteem and School Bonding

Self-Esteem

School Bonding

Note: Self-Esteem and School Bonding measured with 0 to 6 frequency scale, 0 = never, 6 = always.

Source: Eggert et al. 1994b.
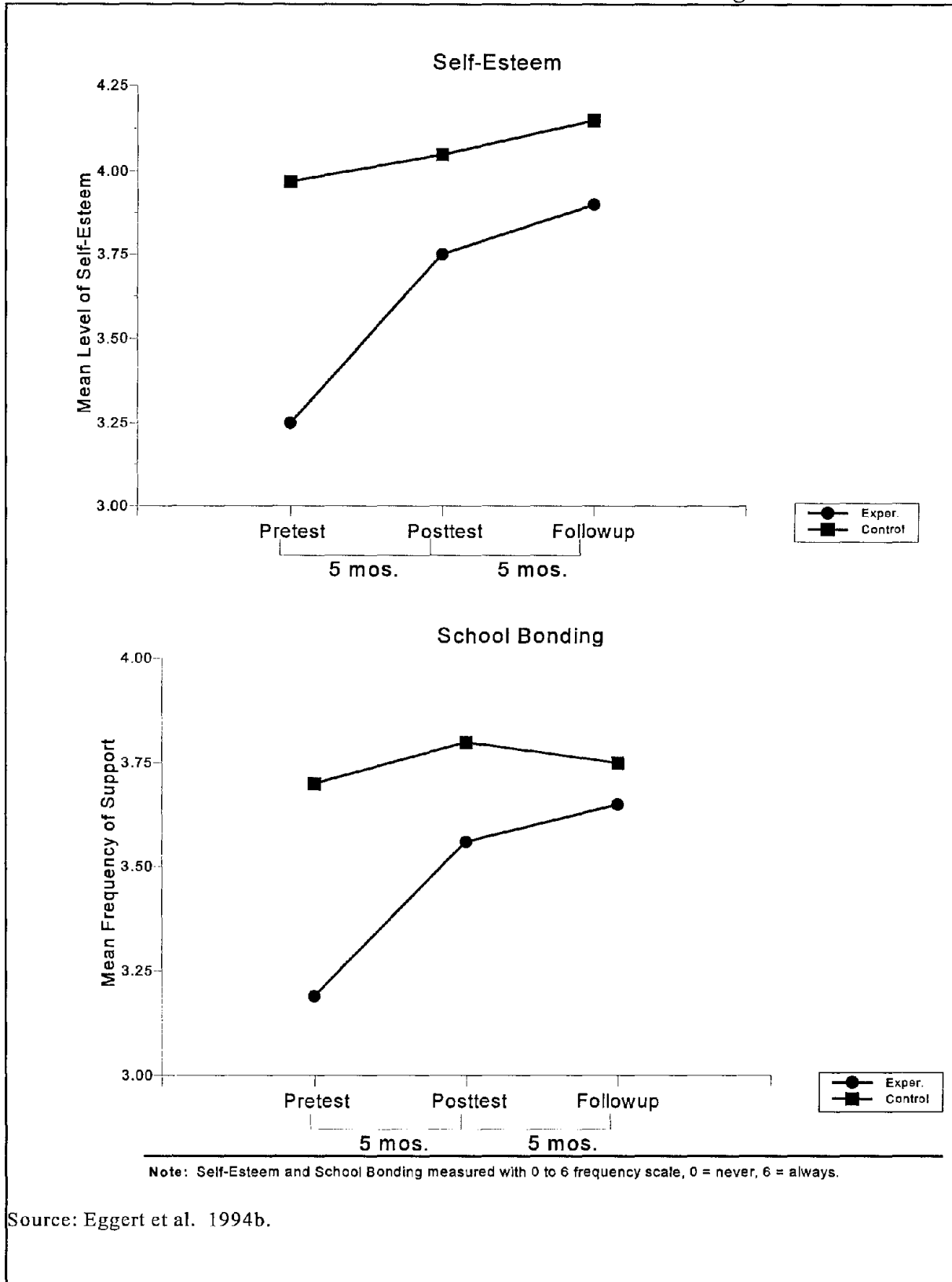
Figure 7

Research Results: Deviant Peer Bonding

Deviant Peer Bonding

Note: Deviant Peer Bonding measures proportion of friends involved in deviant behavior, 0 = none, 3 = about half my friends, 6 = almost all of my friends.

* Source: Eggert et al. 1994b, p. 210.
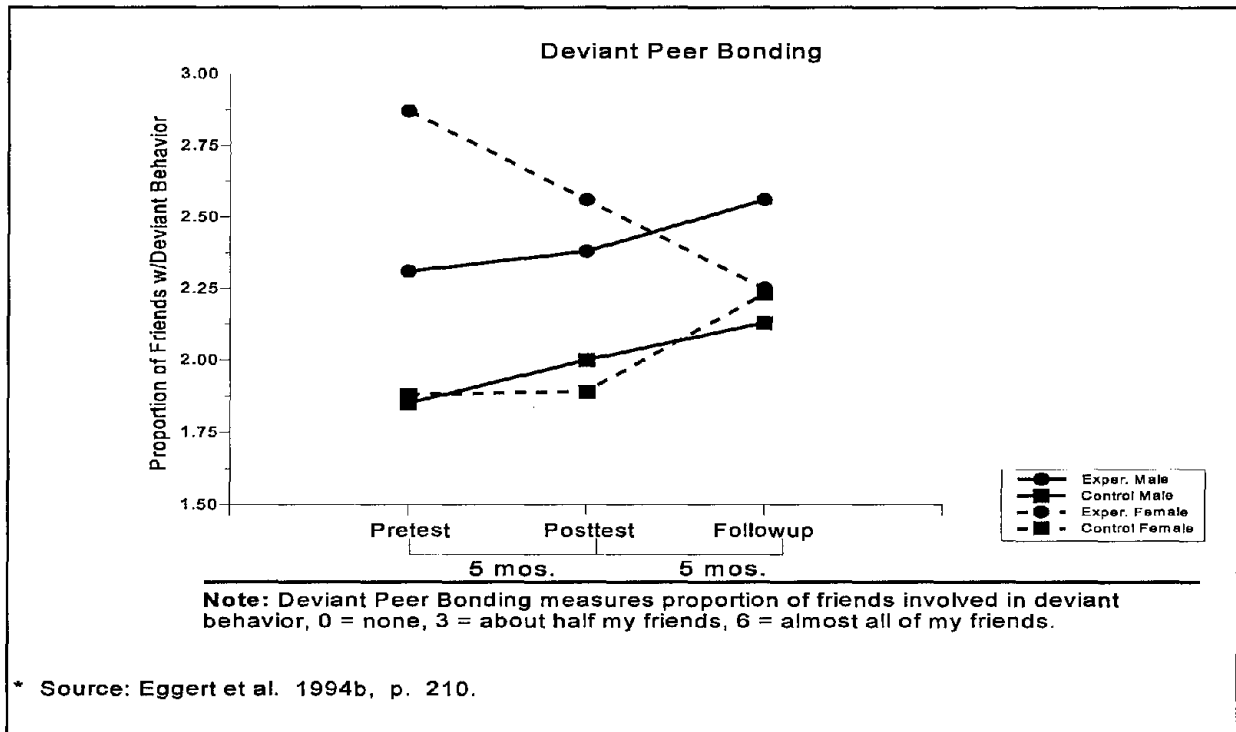
PGC Program Modifications

National Institute of Mental Health (NIMH)-funded research on the efficacy of the PGC since 1991 incorporated modifications in the PGC curriculum, which included:

- The addition of group sessions on depression and anger-management-skills training;

- An added second semester of reinforcement and relapse prevention making the PGC a year-long program; and

- A strengthened recreational and school activities component.

These program changes responded to evidence, shown during the first 2 years of study of the program, of high levels of depression and suicide ideation among PGC participants. Changes related to protective factors were examined using three indicators: self-esteem, social support, and personal control. Data were collected from three groups as follows:

- An assessment plus the one-semester PGC experimental group of students;

- An assessment plus the two-semester PGC experimental group of students; and

- An assessment-only comparison group of students.

All these youth were screened, using a baseline assessment questionnaire, and were determined to be at risk for school dropout and suicide. All three groups received a 2-hour therapeutic suicide assessment interview and a 1- to 2-hour crisis intervention protocol. The crisis intervention protocol consisted of a parent contact and a school contact to ensure that there was adequate social support for these youth.

The results of this program modification revealed that only the PGC students showed patterns of marked increases in personal control, a measure of self-efficacy; whereas the group of assessment-only youth showed a significantly different pattern of *no change*. In addition, all three groups of students showed increases in self-esteem over time, with the one-semester PGC youth showing the greatest increase, after having started out at a significantly lower level than the two-semester PGC experimental group and the assessment-only comparison group (Eggert et al. 1995b).

The results of the program modifications lend further support for the program's efficacy related to:

- Decreases in suicidal behaviors (thoughts and threats of suicide and suicide attempts);

- Decreases in depression, hopelessness, anger, and stress;

- Increases in self-esteem and personal control; and

- Increases in social support.

In summary, this chapter has provided a glimpse of the history of the development of Reconnecting Youth as an indicated prevention program and the impact of the program for prevention of substance abuse and related problems. The following chapter presents a detailed discussion of the key elements of the program, focusing in particular on the social skills training curriculum (the Personal Growth Class) element.

KEY ELEMENTS OF RECONNECTING YOUTH: A PEER GROUP APPROACH TO BUILDING LIFE SKILLS

This chapter is devoted to a discussion of the key elements of the Reconnecting Youth Program. Specifically, this chapter describes the three key elements of the program: namely, the Personal Growth Class that includes positive peer group support and skills training, social activities and school bonding, and a school system crisis response plan. The chapter begins with a detailed discussion of the PGC skills training curriculum, its structure and content, and the sequence of presentation of each of the integrated parts of each curriculum unit. Examples are provided to illustrate the lesson plans that accompany each unit. The chapter then presents a discussion of the positive peer culture of the PGC by describing the four stages of PGC group skill-building development and the rationale for the positive peer culture within the overall context of the Reconnecting Youth Program. The chapter addresses the school activities and school bonding and crisis response plan elements of the Reconnecting Youth Program and describes their relationships to overall program goals. A leader's guide, *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (Eggert et al. 1995a) provides step-by-step instructions for implementing the program and contains further information on the three key elements.

As indicated earlier, Reconnecting Youth is an indicated prevention program specifically designed for youth in grades 9 through 12 who are at risk for substance abuse and related problems, including school dropout and suicidal behaviors. The class component (PGC) is usually offered as an elective, which can be used as partial requirement for graduation. The PGC meets 5 days a week for 55 minutes over a one-semester (20-week) period. The PGC class is deliberately kept small, with a student:group leader ratio of no more than 12:1, to facilitate the development of the group support process. The students who participate in the PGC are evaluated on the basis of the knowledge and skills they acquire in the class and on their positive group participation; they typically receive a letter grade for each of these facets.

The Personal Growth Class

As discussed in the previous chapter, this key element consists of two integrated components: social skills training and positive peer culture.

PGC Social Skills Training

This component of the PGC consists of four *life skills training* units, bracketed by a *getting started* unit at the beginning and a *wrap-up* unit at the end. Conducting the skills-building units follows a *four-stage process*. All aspects of the skills training are coordinated through the use of the *Leader's Manual* specifically developed for that purpose (Eggert et al. 1995a). This section describes the social skills training units, the four-stage skill-building process, and the organization and delivery of the units.

The PGC skills training curriculum is structured as follows:

- A Getting Started unit for the first 10 days;

- Four 3- to 4-week life skills training units:

    — Self-esteem enhancement;

    — Decisionmaking;

    — Personal control; and

    — Interpersonal communication;

- A 2-week Wrap-Up unit.

Getting Started

This unit of the curriculum is an introduction to the PGC provided during the first 10 days of the class. These sessions are given special emphasis because the first 10 days of the PGC are critical for setting a tone in which the positive peer culture can be established and for motivating the group to achieve the PGC program goals. During this 2-week introduction, students are given an overview of the course, including exposure to the program goals, ground rules for the group, and expectations for working in the group and with each other. Students learn about inner strength and self-praise and group praise; they begin to set goals for their participation in the course.

One of the major objectives of this unit is to build a positive peer group. The support processes modeled by the group leader and practiced during the first 2 weeks of the PGC include the following:

- Listening to each other;

- Celebrating group successes;

- Giving helpful feedback;

- Negotiating agendas;

- Showing care and concern for each other;

- Encouraging participation;

46

- Praising each other; and

- Trusting each other.

A second major objective of this unit is to begin to establish the norm of creating an agenda for each PGC session that includes directed skills training applied to each of the three major program goals (see the previous chapter). A list of the session titles and key concepts taught during these introductory Getting Started sessions is presented in appendix B.

Life Skills Training Units

The four life skills training units make up the bulk of the social skills training curriculum. Each is discussed below.

Self-Esteem Enhancement

This unit explains what self-esteem is, how it affects daily life, and how it can be developed and maintained throughout the PGC course. Students learn the benefits and *how-to's* of enhancing their own self-esteem as well as the esteem of others in the group. They come to understand the concept of self-esteem as a picture they hold of themselves, one that is shaped by their own and others' regard for them. Students practice positive self-talk and self-appraisal, learn to accept responsibility for their actions, and learn to handle criticism. They become aware of their effect on others and set goals for self-improvement. They are presented with specific skills for increasing self-esteem and learn how to apply those skills. Many skills they learn in this unit are the basis for training in the remaining units. For example, visualization, relaxation techniques, self-praise, group-praise, and liberal praise of others in the group are used throughout the PGC. As each day passes, students generate more and more positive self-portraits; as these develop, students are able to make other positive life-style changes.

Decisionmaking

This unit starts by helping students understand the reasons for skills training in decisionmaking. A key concept is that decisionmaking skills enhance personal empowerment. Students learn that greater freedom of choice and personal control are advantages of having decisionmaking skills. Increased self-esteem, improved mood, and achievement of personal goals are highlighted as important benefits. Furthermore, they examine in this unit how to make decisions in a group, learn to reach agreement, resolve conflicts, and make group as well as personal contracts.

47

Personal Control

This unit covers stress, depression, and anger management training. Students discover what triggers feelings of depression and the destructiveness of downward emotional spirals. They explore the effect of uncontrolled anger and aggression and the damage it can cause for themselves and others. They practice strategies for coping with stress; and they work on changing destructive responses to anger, depression, and other strong emotions. They develop their own personal repertoire of coping strategies and focus heavily on giving support to and receiving support from friends and other social network resources to gain and maintain personal control.

Interpersonal Communication

This unit focuses on helping PGC students acquire skills for communicating more effectively with their teachers, friends and parents. Students learn that communicating effectively is closely related to self-esteem, personal control, and healthy friendships and relationships with other people at school. They practice effective ways of expressing care and concern from the first day in the PGC and throughout the course. They learn that negotiating with teachers, giving and receiving help in friendships, and resolving conflicts with parents all involve effective communication. These skills all help in achieving greater personal and social resources that, in turn, help students achieve the goals of resisting substance abuse involvement, engaging in pleasant activities to counteract depression, and getting help to increase school achievement.

Wrap-Up

The wrap-up unit is the final 2 weeks of the group. It focuses on students' review of what they have learned during the class and on celebrating their experiences. Students come to realize that personal growth is an ongoing process, and they are encouraged to affirm that their own growth will continue.

The Four-Stage Skills-Building Process

The conduct of each of the four skills-building units follows a *four-stage process*:

- Introduction and motivation;

- Skills development and skills building;

- Skills application and practice; and

- Skills transfer and relapse prevention.

Introduction and Motivation

The introduction and motivation process incorporates information that introduces the content of the training units. Strategies are presented that provide motivation for students to participate in the PGC program.

Skills Development and Skills Building

The skills development and skills building process provides for learning skills at progressively more advanced levels. PGC students' life skills in each of the four PGC areas are developed through a series of steps or levels (1, 2, and 3), from the most elementary to the most advanced skills.

Application and Practice

The process of skills application and practice provides opportunities for students to apply what they learn in the PGC groups to a variety of personally relevant problem situations. Students practice the new skills to increase their capacity to manage real-life situations successfully. Skills learned in each of the four major life-skills units are applied to the three program goals: increasing school performance, drug-use control, and mood management.

Skills Transfer and Relapse Prevention

Finally, the skills training process reinforces the newly acquired skills and facilitates the transfer of the skills to real-life situations outside the PGC groups. The purpose of this final training process is to prevent student relapse.

The skills training units are designed to be presented sequentially in their entirety. The training process itself makes use of a motivational learning strategy that includes modeling appropriate behavior, inculcating hope, giving advice, and building an overall feeling of not being alone with given problems. The skills training process thereby serves to prevent students' relapse to old self-destructive behavior patterns. Each skills training component builds on the previous one to help students:

- Become motivated to change;

- Personalize the key concepts and information;

49

- Develop and build the essential skills of the unit;

- Practice applying the skills to the three program goals; and

- Reinforce the application of skills to other life situations.

Organization and Delivery of the PGC Skills Training Units

The PGC skills training sessions are organized around session plans, developed on a weekly basis, which follow a structured format for the delivery of the curriculum. These plans are designed to provide the group leader with a daily guide for each 55-minute activity that will be discussed each day. The activities are grouped to follow a sequence based on five fundamental *programmatic components* of each skill building unit (see below).

Daily PGC sessions follow a structured format with beginning, working, and summary phases. At the start of each daily session, the leader conducts a "check-in" to monitor progress on the three goals related to school performance, controlling drug use, and mood management. Next, the leader checks with the group to determine who is in need of problemsolving time. The group leader then incorporates students' specific needs into the current skills training session. The leader directs and guides student discussion to ensure that it covers the prescribed content of the session. At the end of the session, students review the homework they had done for that session and are given tasks for working on the new skill for the remainder of the school day and at home.

The content of the curriculum for each PGC skills training unit is presented in a format based on five common features or programmatic components. It is through these programmatic components that the four-stage skills building process is accomplished. These five programmatic components include:

- Background;

- Focus;

- Skill;

- Application; and

- Boosters.

Table 4 provides an overview of the organization of the PGC skills training and how the five programmatic components are integrated into the four-stage skills-building process. A discussion of the five components follows table 4.

Table 4

Organization of the PGC Skills Training Curriculum

Programmatic Component	Skills Building Stage
BACKGROUND ● Introduction of unit ● Importance in PGC model ● Key concepts ● Objectives ● Strategies **FOCUS SESSIONS** ● Introduction to skill area ● Foundation, motivator, awareness activities	**Introduction, Motivation**
SKILL 1 ● Individual work, games ● Role practice, group discussion ● Monitoring **SKILL 2** ● Self-assessment (analysis) ● Individual goal-setting and group support ● Monitoring **SKILL 3** ● Practice skills with real-life problems ● Monitoring progress ● PGC working group	**Skills Development, Skills Building**
ACHIEVEMENT ● Application to increasing achievement ● Application to improving attendance ● Monitoring **DRUG-USE CONTROL** ● Application to decreasing drug use/abuse ● Application to increasing control ● Monitoring **MOOD MANAGEMENT** ● Application to decreasing depression, anger, control problems ● Application to decreasing suicide risk ● Monitoring	**Skills Application, Practice**
BOOSTERS ● Short, *hands-on* reinforcers ● *Hot Sheet* of practice ideas ● Monitoring	**Skills Transfer, Relapse Prevention**

Adapted from: *Reconnecting Youth: A Peer Group Approach to Building Life Skills*, Eggert et al. 1995a, p. 6.

Background Component

Each PGC skills training unit in the manual begins with a *Background* section intended for the leader. The background is designed to provide the leader with an understanding of the skills building unit. This section provides the leader with the essential foundation for future skills training sessions. It is important because it presents the basic philosophy and framework for the PGC group approach and provides the rationale underlying the various skills training activities included in the unit. The background section presents the essential or *key concepts* the leader needs to understand before starting to teach the skills contained in the unit.

The *key concepts* for each training unit help the leader understand the relevance of the particular topic area in promoting personal growth and change and answer the question, "Why do this?" or more appropriately, "Why learn this skill?" To reconnect with school, students need to find relevance in the skills training activities. Thus, the purpose of communicating and reinforcing the key concepts is to help the leader and students acquire the necessary understanding and motivation to:

- Develop a positive peer-group culture;

- Practice skills and provide group support in the PGC group process; and

- Achieve group and individual goals.

In the background section of the *Self-Esteem Enhancement* unit, the first part provides an overview of the key concepts related to self-esteem and how these are distributed across the focus, the three skills development, and the three skills application sessions. Specific student and group leader objectives are delineated, and methods are identified for how key PGC group-work processes apply throughout the unit. The background material covers the benefits and *how-to's* of building self-esteem, what self-esteem is—that is, a picture one holds of himself or herself, and how self-esteem is shaped by one's own and others' regard for himself or herself. An example of the background section, taken from the *Self-Esteem Enhancement* unit of *Reconnecting Youth*, is presented in appendix C.

The background section of the *Decision-Making* unit covers reasons for decisionmaking skills training. Personal empowerment is a subject running throughout the decisionmaking unit. Greater freedom of choice and personal control are promising advantages of decisionmaking skills training. Increased self-esteem, improved moods, and achievement of personal goals also are highlighted as important benefits.

The background section of the *Personal Control* unit emphasizes the role stress plays in the lives of students and how they can learn to cope with it in a resourceful manner. Communication of the key concepts is crucial to building awareness of stress-related problems and motivating students to work on acquiring personal control skills.

In the background section of *Interpersonal Communications* unit, key concepts cover important information about how communication operates, and reasons for becoming effective listeners and speakers are presented. This knowledge helps the leader foster students' personal and social growth through healthier relationships with friends, family, teachers, and other school personnel.

Focus Component

The *Focus* component in each of the four units familiarizes students with the skill area to be taught. It seeks to instill a foundation, motivation, and awareness of the learning skill activities. Each focus session provides students with a one-page handout of the key concepts involved in the skills training unit presented as an overview of the unit, a description of the potential benefits or outcomes to be achieved from the unit, and ways that will help students achieve personal growth through the unit.

In the focus component of the *Self-Esteem Enhancement* unit, one session is *Hugs Not Slugs*. This session creates a building block for strengthening self-esteem. Recognition of self and others is the key theme of these sessions. Group work includes discussing the distinction between *hugs* and *slugs* and role playing those differences in preparation for applying the skills to real-life situations and within the PGC group for the whole semester.

In the focus component of the *Decision-Making* unit, the activity is *Deciding To Decide*. Through reevaluation of recent decisions, group members describe how they make decisions. They consider old habits that may lead to hurtful or ineffective decisions and discuss the benefits of planned decisionmaking. An example of the focus session plan for the *Decision-Making* unit is presented in appendix D. It includes the leader's instructions and sample activities for conducting this specific focus session with PGC youth.

In the focus component of the *Personal Control* unit, the sessions examine the effects of stress, anger, and depression in daily living. Students take a personal inventory of their *triggers* (i.e., events that trigger stress, anger, or depression). Heightened awareness of the effects of stress enables students to move toward constructive coping strategies taught in the rest of the unit.

Finally in the focus component of the *Interpersonal Communication* unit, the focus activity consists of forming individual communication skills.

Skills Building and Development Component

The skills building component of each four life skills unit covers three levels: *Skills 1, 2,* and *3.* Sessions are designed to enhance the development of and competence in personal and social skills. The sequencing of the training units, from elementary to more advanced levels, is done so that the skills students learn and practice first are the tools for skills developed in later sessions. For example, the skills of self-praise, group praise and positive affirmations; relaxation and visualization skills; and the interrupting automatic thinking skills introduced in the *Self-Esteem Enhancement* unit are used as building blocks for the group sessions in the other three skill training units. The Skills 1, 2, and 3 sessions also provide the basics for the *Application* sessions when youth are expected to use these skills for goal achievement—increasing school performance, decreasing substance involvement, and increasing mood management.

Skill 1. This training level is designed to provide insight and awareness through individual work on relevant activities within the context of a particular life skills building unit. These sessions start with individual work and proceed to include games, role playing the basic skills, and group discussions of observations and learning.

In the skills building component of the *Self-Enhancement* unit, many skills students practice (for example, visualization, relaxation, affirmations, self-praise, and group praise) are the tools for skills training in other areas. Skill 1 involves coping mechanisms that students learn through writing and saying positive self-affirmations. In the *Self-Esteem Enhancement* unit, Skill 1 is learning positive self-talk and daily affirmations.

In the skill building component of the *Decision-Making* unit, skills taught involve an element of self-evaluation, practice, group feedback, and monitoring. Strategies of decisionmaking that are taught in Skill 1 attempt to connect skills with particular goals that are appropriate to students. The elementary skill developed in this unit incorporates the STEPS process of planned decisionmaking to solve a personal or group problem or to set a goal. STEPS means to:

- Stop an impulsive response;

- Think of options;

- Evaluate options in terms of whether each is helpful or hurtful;

54

- Perform or put into action the most helpful option; and

- Self-praise for taking STEPS.

The STEPS method of decisionmaking involves interrupting impulsive behavior by thinking and evaluating other options, then selecting a *helpful option* for taking action. The decisionmaking model is a core feature applied throughout the PGC. Skill 1 activities use group process problemsolving for practicing the STEPS model. An example of the Skill 1 session plan for *Decision-Making* is presented in appendix E.

In the *Personal Control* unit, Skill 1 activities involve analyzing the sequence of emotional responses.

In the *Interpersonal Communication* unit, Skill 1 activities involve sending "I" messages and giving feedback.

Skill 2. This level is designed to give students group support for self-analysis and goal-setting. It targets a personal goal for each student that is created through positive visualization and decisionmaking exercises. These sessions move group members toward achieving a higher level of self-awareness to motivate them to set individual goals for change. The sessions include specific activities for applying peer group support for the individual's goal-setting.

In the *Self-Esteem Enhancement* unit, training activities target a personal goal created through positive visualization and decisionmaking exercises.

In the *Decision-Making* unit, Skill 2 involves learning to make and set mini-decisions and goals—learning that decisions and goals are more manageable when they are small, realistic, specific, and measurable. These activities incorporate developing specific plans to achieve group goals.

In the *Personal Control* unit, students focus on learning how to get support to control stress. The group evaluates how students support each other to relieve stress and learn skills to expand their support network. Skill 2 involves choosing to let go of events and circumstances that are outside personal responsibility and control.

In the *Interpersonal Communication* unit, skills learned at the Skill 2 level involve strategies for helping friends by using STEPS and knowing the difference between *helping* and *enabling*. It includes helping friends and setting personal limits. In this session, students are taught how to recognize signs when friends need help, express care and concern, and help by using the STEPS model.

55

Skill 3. This skill level focuses on group members' application of the skills learned in the Skill 1 and Skill 2 sessions to their real-life problems and links the students' thoughts, feelings, and moods. Also included are group activities to reinforce monitoring of behavior and provide support for progress in skills development toward goal achievement.

In the *Self-Esteem Enhancement* unit, training focuses on helping students understand the link between their thoughts, feelings, and moods.

In the *Decision-Making* unit, Skill 3 activities address time management and prioritizing. Group members learn the skills necessary to balance the demands placed on their time and plan steps to achieve their personal goals.

In the *Personal Control* unit, skill activities focus on working out stress, depression, and/or anger through exercise and enjoyable activities. In this session, group members, working in pairs, brainstorm fun and safe ideas for working out stress and/or destructive moods. This session has particular relevance for increasing pleasant activities for students who are depressed and increasing *enjoyable* activities as alternatives to drug involvement. Skill 3 includes evaluating support systems and expanding students' personal support network in support of the program goals.

In the *Interpersonal Communication* unit, skills learned at the Skill 3 level involve strategies for the give-and-take that is required in conflict negotiations. Youth explore helpful vs. hurtful attitudes in conflict negotiation and practice applying the STEPS model to conflict negotiations.

Application Component

The *application* component provides activities to help the students apply the specific skills developed in the Skill 1, 2, and 3 sessions to each of the three PGC program goals. It is in these sessions that the group processes and skills learned are integrated so that students make significant behavioral changes in each of the three major problem areas that the students share, that is, poor school performance, substance involvement, and depression and suicide risk. This program component is composed of three parts that correspond to overall program goals: school achievement, drug-use control, and mood management. The application activities address these three areas and provide group members with opportunities to practice the skills they have learned and apply those skills to real-world problems within the positive peer group setting in PGC.

Application: School Achievement. These sessions help group members work on increasing attendance and raising grades earned in all other high school classes in which

they are enrolled. These sessions aim to increase the number of credits students earn toward high school graduation and prevent high school dropout.

Application: Drug-Use Control. These sessions are designed to help students apply the specific unit skills to the program goal of drug-use control. This control involves discouraging alcohol and other drug use, increasing a sense of control over substance abuse, and decreasing the adverse consequences experienced in their lives because of alcohol and other drug abuse. Session activities help decrease substance abuse and increase protective factors to provide students with appropriate self-control mechanisms. The group session on *Decision-Making* in appendix F is an example of how the personal and social skills learned in the PGC are applied to the program goal of increased drug-use control.

Application: Mood Management. These sessions are designed to apply the specific skills from the four life skills training units to managing stress and moods, particularly feelings of stress, depression, and anger. Thereby, students are helped to decrease the potential for suicidal thoughts and behaviors.

Booster Component

The *booster* component provides multiple hands-on exercises and actions to use for practice and reinforcement of the group support processes and skills training objectives of the units. The exercises assist students to practice new ideas in innovative ways to prevent relapse to old behaviors and ways of thinking. These exercises are designed to be fun and at the same time reinforce skills, help students transfer skills to other areas in their lives, and prevent slips and relapses to earlier self-destructive behaviors. Many activities use arts and crafts to provide a visual presentation of learned skills.

Table 5 shows the nine components of the four life skills building units. Under each skill building unit are examples of activities represented by the particular component to which they belong.

Table 5

Organization and Examples of Social Skills Training Units and Group Sessions

Common Unit Features	RY SOCIAL- & LIFE-SKILLS TRAINING UNITS			
	1. Self-Esteem	2. Decision Making	3. Personal Control	4. Interpersonal Communication
1. Background Key Concepts	Positive self-esteem means knowing and appreciating yourself.	DM is a process of selecting from two or more possible options in order to solve a problem or set a goal.	Personal Control means coping successfully with stress & feelings of depression, anger, etc.	Verbal & nonverbal exchanges define our relationships—e.g., expressing care and concern, negotiating.
Objectives	Give accurate self-appraisal; practice positive self-talk including group praise	Make group contract; set rewards for effective DM	Practice relaxation and exercise techniques	Practice refusal skills to resist peer pressure
Strategies	Problem solving	Decision Making	Coping	Supporting
2. Focus Sessions	"RY's Best Self," "Support with Hugs, not Slugs"	"Evaluating Decisions"	"Stress Awareness: Stress Triggers, Stressful Reactions"	"Comm. Goals: Comm. Acceptance of Self & Others"
3. Skill 1	"Positive Self-Talk: An Affirmation a Day"	"S.T.E.P.S. to Decision Making"	"Using S.T.E.P.S to Control Stress"	"Sending & Receiving Clear Messages: A Model"
4. Skill 2	"Positive Self-Images: Visualizing Group Strengths"	" Mini-Decisions/Goals"	"Getting Support to Control Stress"	"Helping Friends" "Taking S.T.E.P.S." "Helping vs. Enabling"
5. Skill 3	"Interrupting Automatic Thoughts"	"Time Management"	"Working out Stress through Exercise & Fun Activities"	"The Give & Take of Conflict Negotiation"
6. Application: Achievement	"Removing Barriers to Success"	"S.T.E.P.S. to Improved School Achievement"	"Getting Support to Improve School Achievement"	"Negotiating with Teachers"
7. Application: Drug Use Control	"Dependency & Stress"	"S.T.E.P.S. to Drug Use Control"	"Controlling Addictive Behaviors"	"Saying 'NO'"
8. Application: Mood Management	"Emotional Spirals"	"S.T.E.P.S. to Improved Mood"	"Controlling Anger: Triggers & Reactions"	"Strengthening Friendships & Improving Mood"
9. Boosters for Achievement Drug-Use Control Mood Control	"Self-Esteem Enhancement Boosters"	"The Refrigerator Door Company" "What Can I Say" "Recog. Improvement"	"Your Piece of the Pie" "Risky People/Places" "Anger Check-In"	"Rescue Triangle" "Breaking the Ice" "Role-Plays"

Source: Eggert et al. 1995a.

<u>Positive Peer Culture</u>

The second component of the PGC is the development of a positive peer culture. PGC is a unique course in that it employs group work as a major aspect of the learning process and social influence model. A positive group experience provides the motivation and direction for learning to take place. Issues raised in the group become the basis for introducing or working on a specific skill. For example, at the beginning of the class, the leader asks for individual issues of the day. Using group counseling skills and bridging statements, the leader can relate the day's issues to the planned activities. If an issue raised will not fit with the planned activities, some leaders will choose to respond to the needs of the students. The curriculum allows such flexibility as long as the group does not become a daily crisis-management hour rather than a class designed to teach specific skills in sequence. The group leader must balance the students' daily issues with completion of the skills training.

Stages of PGC Group Development

In general, all groups develop in predictable stages and experience typical phases over time. During the process of group development, group leaders' tasks and group members' behaviors change to adapt to the group process. The PGC groups follow the same general pattern or stages of group development. These stages are:

- Forming;

- Storming;

- Norming;

- Working; and

- Ending.

Table 6 shows the relationship between these stages of group development and the skills-building or training stage.

Forming

In the early stage of the PGC during the group development process, there is excitement but some wariness about the group. The group is *forming*, the PGC group leader is closely scrutinized, and the youth scrutinize each other to check out

59

trustworthiness. During this phase, the leader's task is to help the group establish ground rules for positive peer culture and group operations. The key concepts of each of the four life skills units are introduced in the first 2 weeks to foster the *forming* phase.

Storming

The forming stage of group development is followed by a period of *storming* in which the group is testing the rules and challenging the purpose of the PGC. The leader's task is to *stay the course*, reinforcing group norms of trust and openness in communication, positively reinforcing helpful behavior as strong and mature, and redirecting the group to use *caring* behaviors as needed. It is during this early stage of group development that the first skills training takes place. The PGC leader's skills and consistency during this stage of group development helps the group move into the middle stage, the *norming* phase.

Norming

During the *norming* phase, students settle into the routine of the group. It is during this stage that the group establishes its identity and a common sense of purpose. Things begin to smooth out, and the group begins to share in maintaining the norms of caring and helping, sharing and problemsolving, and building skills related to the key concepts in the personal control and interpersonal communication skills-training units.

Working

The middle stage of the group's development or *working* phase is characterized by routine practice and application of the skills learned in the four units. Positive changes are taking place in relation to program goals. The PGC leader's tasks are to reinforce, reward, make skills practice and application fun, and encourage the group and individuals to get back on track when they *slip* to prevent relapse.

Ending

Finally, in the late stage of the group, the leader's task is to emphasize transfer of skills learned in the PGC beyond the group. The leader also helps youth connect with *favorite* teachers and get established in school activities of their choice. The leader fosters a continuing *buddy* support system among PGC *graduates* to make the transition easier to life without a daily PGC class.

Table 6

Linking Group Development and Skills-Training Stages

RY GROUP DEVELOPMENT

Group Stages	◄— Early —► ◄— Middle —► ◄— Late —►		
Group Phases	Forming Storming Norming	Working	Ending
Group Purpose, Objectives	Ground Rules Set Testing Rules	Common Sense of Purpose	Behavior Change with Boosters
Skills Training Stages	Motivation, Assessment, Goals Set Skill Building Skills 1, 2 & 3	Skills Practice & Application to Program Goals	Skills Transfer

Source: Eggert et al. 1995a, p.5

The Work of the PGC Group

As the group develops, issues raised in the group become the basis for introducing and working on specific skills. For example, at the beginning of a PGC class, the group leader starts with a *check-in* to monitor all members of the group to assess how they are doing (e.g., in relation to mood, school, and substance abuse control). When setting the agenda for the day, the group is asked whether anyone has individual issues for which they want group support and problemsolving time. Using group work and discussion skills, the leader is able to relate the students' issues to the planned skills training session and activities. The challenge for the leader is to balance the students' daily needs and crises with related skills building, skills application, and group problemsolving applied to the students' current concerns and real-life issues.

PGC group members often are in crisis and, without strong leadership, the group interaction can become dominated by one crisis story after another. The tail wags the dog when this happens; skills training can get postponed because the intense emotional needs of the students may seem to take precedence. The task of the group leader and students is to keep crises in

perspective and, above all, to break them down into manageable units for skills training and practice material. The group leader's skill in placing boundaries around crisis situations and breaking them into manageable pieces for problemsolving can be reassuring to the students and can contribute to a sense of safety in the group. Also, an aspect of the PGC is to teach students how to seek help and counsel from others in the school and community rather than attempting to solve every problem within the group. Keeping sight of the goals of PGC is essential.

Social Activities and School Bonding

The second key element of the PGC program is social activities and school bonding. As a practical extension of the life-skills training submodel of the PGC, the intent of this program element is to:

- Reinforce health-promoting activities and teach students how to expand their repertoire of recreation and social activities;

- Teach students to see service as an opportunity for growth; and

- Provide students with opportunities for developing close friendships and extended belonging and bonding to their school.

Social activities and school bonding activities differ in their purposes and in the types of things that are done. Both are discussed in turn below.

Social Activities

Through participation in social activities, students learn to work with others to problemsolve dilemmas and practice social skills they are taught in the PGC group. A major social activity is a substance-free weekend. Such weekends are encouraged during the PGC so that students learn that they can have fun without substance abuse and learn about new, helpful recreational resources in their community. The PGC group leader need not necessarily attend these weekend activities with students; rather, his or her role may be limited to encouraging students to brainstorm ideas of how they will structure their weekends to remain alcohol- and drug-free. Frequently the brainstorming might include thinking of activities that cost little or no money.

Examples of substance-free activities that PGC students might be encouraged to engage in fall into four categories:

- Drug-free weekend activities;

- Volunteer opportunities;

- Ropes course; and

- Natural helpers training retreat.

Drug-Free Weekend Activities

Drug-free activities are encouraged during each weekend. Examples include: attending a sporting event, going bowling or to a movie, meeting at a local drug-free teen dance, playing volleyball or basketball, going to the zoo, combining a picnic with volleyball in a local park, and going on a hike or biking. All these activities should be done by all group members together.

Volunteer Opportunities

These activities allow students to "adopt" one or more projects and to donate 4 or more hours per month to the projects of their choice. Examples of volunteer opportunities include visiting the elderly or patients in a hospital or nursing home, becoming a friend to a handicapped young adult, organizing a food or toy drive, adopting a grandparent, helping staff a low-income subsidized child care program, serving food to the hungry, tutoring younger children, participating in environmental projects, and working with animals.

Ropes Course

The ropes course is a two-part activity (beginning and advanced) that presents a series of physical challenges and obstacles and activities where group tasks are conducted under supervision. Groups use goal setting, problem solving, and communication with others as they apply themselves to meet each challenge.

Natural Helpers Training Retreat

This is a program that "helps friends help friends." It provides young people with the skills to help others more effectively. Topics covered include taking care of oneself; working as a team, knowing when friends need help, expressing care and concern and limits, recognizing situations that require professional help, and contacting that help.

<u>School Bonding</u>

School-bonding activities are critical for reconnecting youth to the larger school institution. The model for bonding students to school is to work toward connecting students' strengths to identified school needs. On the one hand, students learn to function as a part of the school, realize that they are needed and respected, and experience their ability to effect positive change. On the other hand, school personnel come to see the students as more than just problem children or youth who need help. Both sides benefit. Thus, school bonding means finding ways that the school will benefit from strengths the students have and facilitating involvement for the youth, that is, preparing them to succeed. A few strategies suggested for connecting youth to school include:

- Staging a PGC volunteer project around school, such as planting, cleaning up, and developing a particular area;

- Making a video production together, such as taping a typical PGC experience, and presenting the tape at a school assembly or to a PTA group;

- Participating in a middle school orientation to the high school. Participating students can meet with classroom groups with careful preparation and supervision to talk to incoming 9th-graders about how to resist peer pressure for drug use, skipping classes, sexual activity, and other relevant topics;

- Connecting individual students with other school jobs in which they may be interested, such as being a *front-office* worker; and

- Setting up speaking roles in and outside the school so that students can participate with PGC group leaders in talks about the class or about preventing the initiation of drug use, perhaps with middle and elementary schools.

An important aspect of reconnecting youth to school is also to arrange for schoolwide recognition of their efforts. For example, this may mean giving certificates for service and publishing students' names in the school newspaper. In addition, the developers of the Reconnecting Youth Program emphasize the importance of ongoing recognition in PGC, such as posting a weekly roster in the classroom of service accomplishments; presenting a *volunteer-of-the-week* certificate for service, arranging to have some portion of students' grades for PGC based on at least one example of service to the school and/or community, and asking students to help connect others who would like to join the club or activity.

In short, bonding students to the school (beyond the PGC class) helps them increase their sense of belonging and power to effect positive change, benefits the school as well as the students, and gives students a stronger purpose in life and greater school satisfaction. These are all

protective factors known to counteract drug involvement, depression and suicide, and school dropout. More information about both school activities and school bonding can be found in *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (Eggert et al. 1995a).

School-Based Crisis Response Plan

The third key element of the Reconnecting Youth Program is the school-based crisis response plan related to youth suicide or accidental death. Eggert and her colleagues found it necessary to establish guidelines when working with targeted at-risk youth because depression and suicidal behaviors often co-occur with substance involvement. The plan details methods for how a school and community can:

- Prepare for preventing suicide and responding to suicide or accidental death, including:

  — The necessary steps and preliminary preparation needed by faculty and students for implementing the crisis plan;

  — Steps for preventing suicide, including ongoing screening and assessment of suicidal threats and attempts; and

  — Steps for educating faculty, students and parents in early detection, referral, and help-seeking skills for immediate crisis intervention, such as how to listen, respond, and get help for suicidal students.

- Prepare for and respond to postsuicide interventions, including:

  — Steps for postsuicide intervention, that is, the steps necessary for the school and community to take in response to a student suicide or accidental death to help students, faculty, family, and the larger community respond to the crisis and prevent suicidal behaviors among others in the school.

Reconnecting Youth: A Peer Group Approach to Building Life Skills (Eggert et al. 1995a) contains valuable information about the crisis response plan implementation, including suggested action steps for developing this key element, specific clinical and administrative interventions that should be undertaken during a crisis, and suggestions about which school personnel (e.g., principal, crisis team, teacher) should undertake which actions. Also included are inservice training guidelines, sample announcements to faculty and students, and comments for use with the media. These all were developed in concert with a citizen's advisory council in the school district where the Reconnecting Youth Program was implemented and tested.

This chapter has presented a discussion of the three key elements of the Reconnecting Youth Program: the PGC that integrates a social skills training curriculum with a positive peer culture, social activities and school bonding, and the school system crisis response plan. The structure, content, and sequence of presentation of the skills training units were presented along with examples of lesson plans (see appendixes B through F). The chapter also presented discussions of the positive peer culture, school activities and school bonding, and crisis response elements of the program. The following chapter puts the foregoing discussion of the Reconnecting Youth Program in a broad context that describes issues related to the overall implementation of the program.

IMPLEMENTATION OF THE RECONNECTING YOUTH PROGRAM: PUTTING IT ALL TOGETHER

This chapter on the implementation of the Reconnecting Youth Program addresses some major issues that should be considered before implementing the program. Included in this chapter are a discussion of the activities involved in the initial decision to implement the program and a presentation of specific planning issues that need to be addressed once the program implementation decision has been made. Some program implementation issues addressed in this chapter include financial resources for the program, staffing, participant selection, and parent and community involvement in this prevention effort. Finally, the chapter presents a discussion of some issues to consider regarding the evaluation of program outcomes. The intent of this chapter is to provide readers with information that will help them understand how the Reconnecting Youth Program fits within a broad context of community prevention.

There are a number of implementation issues that are key to the ultimate effectiveness of the Reconnecting Youth Program. Without effective leadership, followthrough, and community support, the program implementation will not be fully effective. Program success requires the support and active involvement of people from schools and the community, something the developers built into their implementation procedures during their research on the program. School personnel, parents, and other community residents all have important roles to play in the lives of youth who are at risk for drug abuse problems; thus, they all need to be involved as *partners* in the implementation plans from the start. They will need to coordinate their interests and activities to identify the appropriate youth to be invited to join the program, support the PGC group leader with specific assistance and resources, track the students' performance toward program goal achievement, organize the school bonding component, and set up the school system crisis response plan component. Other issues and specifics of program implementation will vary depending on the characteristics of each individual school and school district in which Reconnecting Youth is implemented.

Initial Planning Procedures

An initial assessment phase is important to determine whether Reconnecting Youth can be implemented successfully within a particular school. The assessment phase can take up to 5 months to complete and varies depending on time and financial constraints of an individual school or school district. However, some recommended assessment procedures for those interested in implementing the Reconnecting Youth Program include the following:

- A series of initial meetings during the first months will be necessary, starting with relevant teachers, parents, and groups of youth who are at risk in the school where the program is to be implemented. Other initial planning meetings can include the school district administrators, members of the school board, community leaders, and social service providers. The purpose of these meetings is to reach agreement

on the need for the program and the support that will be necessary for its effective implementation. Important information that schools and school districts need to inform their decisions about the program include:

—   A description of the Personal Growth Class component, addressing such questions as, "What is the PGC?" "How is it structured?" and "For whom is it designed?"

—   A discussion of the link between implementation of the Reconnecting Youth Program and the school's and/or school district's concerns about the prevention of the kinds of problems it is designed to address, that is, school dropout, teen substance involvement, and/or youth suicide. This information will address the question of "Why is Reconnecting Youth needed?"

—   A brief history of the program's effectiveness as demonstrated by the research findings, addressing the question, "Does it work?"

—   Proposed approaches to possible conflicts, legalities, and ethical considerations, addressing the question, "How does it relate to existing school policies regarding drug involvement and suicidal behaviors?"

—   Proposed funding sources (e.g., from state governments, school district budgets, and/or nonprofit organizations) addressing the question, "How might the program be paid for?"

●   After there is agreement to proceed with program implementation, subsequent meetings over the course of 1 to 2 months should address the following issues:

—   Financial resources for program implementation and operation;

—   Confirmation of the targeted school(s);

—   Program implementation timetable;

—   Administrative leadership and support structure;

—   Program staffing;

—   The PGC group leader;

—   Reconnecting Youth participants;

—   Crisis management system;

—   Community involvement; and

—   Parent involvement.

Each of these issues is briefly discussed below. The reader is referred to *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (Eggert et al. 1995a) for more information related to these program implementation issues.

Financial Resources

Securing financial resources for the Reconnecting Youth Program may not be easy. However, funding from State, county, and/or local government sources can be pursued. In addition, some Federal Government agencies as well as nonprofit organizations and local school districts may be resources for funding. For more information about possible funding sources, the reader is referred to appendix A of this manual, and the section on potential funding sources in *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*, in the NIDA Drug Abuse and Prevention RDA core package of materials.

Confirmation of Targeted Schools

Confirming the interest and availability of the particular school or schools targeted for the Reconnecting Youth Program is an important issue to address before any steps are taken to implement the program. Reconnecting Youth implementers need to ensure that staff of the targeted schools are *on board* and support the plan to implement the program. Such support will help ensure that the program is implemented appropriately for the best possible outcomes.

Program Implementation Timetable

The development of a timetable for *startup* of the program is an important aspect of program implementation. Such a timetable, which should include information regarding the *where*, *when*, and *how* of program implementation, will help program implementers stay on track with regard to their planning. It also will help provide concrete evidence that the community is serious about its concern and interest in addressing local substance abuse and related problems.

Administrative Leadership and Support Structure

A structure for administrative leadership and support of the Reconnecting Youth Program is essential for effective program operation. School system administrators (superintendents, directors, and principals) play important roles in creating host environments that are suitable for implementation of the PGC and the other program components. In most school districts, the administrators have the ability to set policies governing curriculum and use of time during school hours. For example, school administrators, not teachers, are most often the individuals who have the authority to approve curriculums for use in schools. Therefore, the support of school administrators is essential for program success. The PGC group leader also must have the support of the administrators, especially principals of schools where the Reconnecting Youth Program is implemented. Administrators must support, both in theory and in practice, the need for the program and the unique nature of the Reconnecting Youth model.

School principals and PGC leaders must be able to work closely together and resolve any conflicts that might arise from program implementation. The need to work out rules for confidentiality is especially important. Given the nature of the class, students often will share information that the school principals might believe is their right to know. Yet for the class to be successful, students must be confident that their self-disclosures will be kept confidential and/or anonymous. Thus, PGC group leaders and administrators must be willing to negotiate the rules of confidentiality, whatever they may be, and then live by them. In addition, students in the Reconnecting Youth Program must know what these rules are *before* they make self-disclosures.

Table 7 lists some tips for administrative leaders that provide guidance on the kinds of activities in which administrators can engage to support the implementation of Reconnecting Youth Program components, including the Personal Growth Class.

Reconnecting Youth Program Staffing

Although several persons and groups are important to the successful implementation and operation of Reconnecting Youth, two essential staff positions are the Program Coordinator and the PGC Group Leader.

The Reconnecting Youth Program Coordinator

This Program Coordinator has responsibility to ensure that the major administrative aspects of program implementation and operation are carried out. The Program Coordinator serves as the link between the school system administration and the Reconnecting Youth Program with responsibility to ensure that the necessary support and resources are available for the efficient and effective operation of the program.

Table 7

Tips for Administrative Leaders

Specific activities that school administrators can perform to expedite implementation of Reconnecting Youth in their schools include the following:

- Obtain a copy of *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (Eggert at al. 1995a) and review its content and relevance for their school(s).

- Determine what initial steps must be taken to implement the program in the school(s), for example, financial constraints, classroom space, and academic credit.

- Identify the characteristics and size of the population of students in the school(s) who are at risk to determine how many students and teachers need to be involved.

- Conduct a focus group with counselors, teachers, school nurses, parents, community leaders, and youth advisors to explore the use of the program in their school. Identify possible adult *leaders* or teachers and discuss steps for local implementation.

- Before program implementation, takes steps to establish:

    — Necessary legal or other required documents for the program, such as parent/student release forms;
    — Procedures to identify youth who are at risk;
    — Methods to ensure the youths' privacy rights; and
    — Chain-of-command structure in case of emergency (e.g., suicidal crisis).

- Engage parents, teachers, social workers, law enforcement personnel, and the courts to support the program, recognize risk factors, and help reduce substance abuse, delinquency, and suicide risk behaviors. For example, organize a school-community group to prevent substance abuse and establish linkages with community officials working with students in other situations.

- Last, and most important, be positive and supportive of teachers and other school personnel facilitating the program. Once the decision has been made to implement the Reconnecting Youth Program, school administrators need to provide ample verbal and emotional support and assistance to teachers and other program implementers. It will be necessary for school administrators to organize training and ongoing peer consultation support groups for teachers in the program to discuss problem situations and help avoid burnout.

71

The PGC Group Leader

The key to the success of the PGC is the group leader, the most important human resource guiding the success of the program. Generally, successful PGC leaders have experience working with youth who are at risk, aspire to make a significant impact in the lives of these youth, and have sufficient self-esteem to be stable, caring adult leaders and role models in meeting the demands of the youth. Motivated leaders also are enthusiastic about the program and its goals. They are willing to learn small-group discussion methods and prevention strategies to develop students' success with group bonding, peer-group-skills training, and goal achievement.

Selection Criteria for the PGC Group Leader

A PGC group leader can be anyone among the school personnel, such as a teacher, school counselor or nurse, administrator, school psychologist, or social worker, who has an affinity for youth who are at risk and should be an *insider*, that is, already a part of the school. As such, the leader has a much greater opportunity for succeeding with the youth and promoting school bonding than one who does not care about these youth or is an *outsider* to the school and is not accepted, either within the school or by the students. Thus, in selecting the PGC group leader, important criteria to consider are that the leader:

- Be skilled in expressing support and establishing helpful teacher-student relationships with youth who are at risk;

- Be identified by at-risk youth and professional peers as being effective in working with youth who are at risk and have a basic capacity for consistent caring and support;

- Have a strong desire to teach the class and work with at-risk students;

- Have a healthy sense of self-esteem and stability so he or she can put the needs of the youth first and be healthy role-models in consistently implementing the key concepts of the PGC;

- Willingly and regularly participate in the teacher training and ongoing peer support/consultation group;

- Display the attitude that there is always more to learn in being an effective group leader; and

- Implement the PGC as designed (Eggert et al. 1994b).

Regardless of the discipline or past training of the PGC leader, the common feature to look for in any candidate is the capacity for consistent and long-term caring for the students. This is a typical feature found among successful PGC leaders. Other requirements for PGC leaders to be able to implement the program model can be acquired through the PGC leader training.

The group leader must be able to use a wide range of strategies that include a significant amount of peer group work, social competency skills training, and willingness to experiment with innovative instructional learning methods. In sum, leaders need to:

- Understand substance abuse prevention strategies and educational tactics;

- Listen, care about, support, and consistently *be there* for students;

- Encourage self-restraint in the lives of at-risk students to better manage their moods and personal situations;

- Help students develop communication skills to succeed in the classroom and in life;

- Help students assess situations, make good decisions, and set goals;

- Experiment in the classroom by offering unconventional learning approaches to encourage students to become involved in school;

- Make lesson plans relevant and meaningful to students' lives;

- Create cooperative learning situations to help overcome stereotypes;

- Help students discover their optimal or preferred learning styles; and

- Be caring and considerate and use judgement in confronting students in the classroom setting; and

- Know their own limits in crisis management of youth and when to seek consultation and/or refer substance-abusing, seriously depressed, and/or suicidal youth (Eggert et al. 1995a; Eggert et al. 1994a, 1994b).

The PGC group leader must be able to walk the fine line between group counseling appropriate in schools and treatment or therapy required outside of school. The PGC is a prevention class, not a treatment program. Students are there to receive new skills and learn new behaviors, not to remedy deep psychological problems or obtain drug abuse treatment. If students need such therapy, the adult leader must be willing to refer them for appropriate help.

PGC Group Leader Training

PGC group leader training is essential to the success of the program. PGC leaders engage in ongoing training activities, both at initial program startup and during program implementation.

<u>*Initial PGC Leader Training*</u>

Initial training for PGC group leaders consists of a 3- to 5-day training workshop, covering the program philosophy, design, and rationale for the central goals. Training also includes establishing and maintaining a helping relationship with at-risk youth, use of small-group discussion methods and skills training strategies, and specific substance abuse and depression and suicide *prevention* strategies.

Particular attention is paid in the initial training to enhancing the leaders' existing competencies with youth at risk (listed above in the discussion of selection criteria).

<u>*Ongoing PGC Leader Training*</u>

Ongoing training and supervision of the group leader can be provided by the Reconnecting Youth Program Coordinator and other leaders implementing the program. Peer consultation characterizes these twice-a-month or monthly meetings to maintain quality control of program implementation and ward off group leader burnout. Typically, the initial training topics are reinforced, and other topics identified by group leaders are discussed and made situation-specific when encountered with particular students. Also, half-day planning and evaluation sessions at the beginning and end of each semester's implementation of the program help assess the effectiveness of the program for participants enrolled in it that semester. These evaluation and planning sessions also help the current Reconnecting Youth practitioners regroup, revitalize, and strategize ways of keeping the goals of the program in sight. Ongoing peer consultation training helps the PGC leader deal with specific issues, prevent burnout, and maintain quality program implementation (Eggert et al. 1995a).

During the implementation of the Reconnecting Youth Program, leaders will need an ongoing source of support, encouragement, and consultation. An important recommendation from the developers and PGC teachers currently implementing the program is to create consultation/support groups for PGC leaders implementing the program across high schools within the school district. When this type of ongoing support/training was provided twice monthly in the developers' tests of the program, all original teachers were retained for the duration of the program evaluation research, and prevention of PGC staff burnout was successful. Only two PGC leaders had to be replaced: one leader was transferred to another school, and the other took maternity leave.

Table 8 presents some tips for PGC group leaders on specific actions they can take to facilitate their work. Additional recommendations for group leaders are provided in appendix G.

Reconnecting Youth Participants

The challenge in implementing the Reconnecting Youth Program is to find among the total school population those students for whom the program was designed, that is, potential school dropouts. One of the strongest recommendations from the developers and program practitioners is to select from students in grades 9 through 12 who vary in the degree to which they have one or more of the three cooccurring problems of school failure: substance involvement, depression, and suicide risk. A group should reflect heterogeneous students across age, gender, ethnicity, level of maturity, and the three presenting problems.

Student participants in the program are not average students. Rather, they are students who have experienced school failure, lack social skills, have a disruptive family life, and experience negative peer pressure. Compared with typical high school students, these students have many of the following characteristics:

- Although they are reasonably bright, they are behind in basic academic skills;

- They have lower self confidence, self-esteem, and life satisfaction;

- They have fewer social resources and less social support;

- They are frequently absent from school, have low grades, and have fewer academic course credits;

- They have used alcohol and other drugs and have experienced negative consequences from their substance involvement; and

- They experience more stress, depression, anger-control problems and thoughts of suicide (Powell-Cope and Eggert 1994; Thompson et al. 1994; Eggert and Nicholas 1992; Eggert and Herting 1993).

Table 8

Tips for PGC Leaders

- Adaptations of the PGC, on a situation-by-situation basis, may be necessary so that session plans will conform to the present needs of the students. Possible adaptations include:

    — The language used in the component activities within each life skill building unit; and
    — Demonstration of activities associated with the hands-on and booster components of the social skill building units.

    Time in the PGC needs to be allocated correctly and consistently according to the PGC Master Plan. Key concepts and objectives are standardized. A logical sequencing of group sessions over time is provided.

- The PGC group should be treated as small group educational instruction, not group therapy. However, past PGC leaders believe that there are counseling elements to the program but no more than what school personnel encounter every day and are trained to handle.

- Because the PGC is scheduled for one semester, specific issues (e.g., alcohol and drug abuse, skipping classes, racial discrimination) should be confronted early in the PGC. The first 10 days represent a microcosm of the entire PGC experience.

- Leaders become the responsible adults in the lives of students. Leaders must be a special kind of person, able to give consistent care, concern, and time to PGC. Past PGC leaders suggest the following qualifications to consider in the selection of program teachers:

    — Positive self-esteem, ability to express intentions and thoughts verbally, in a positive, nondestructive way;
    — Ability to empathize with hardships, problems, and differences among PGC students;
    — Group-work experience such as mentoring, leading, and participating in youth clubs; skills in leading small-group discussions;
    — Creativity in making skills training sessions appealing to students; and
    — Ability to remain personally objective with students, especially in intimate situations, but able to offer support to help students make appropriate decisions;

- Previous PGC leaders recommend biweekly or monthly teacher support meetings to discuss some common issues: dealing with sense of failure, anger, and frustration, in addition to issues with parents, faculty, and administration.

- Contracts or agreements should be reached between the PGC group leader and the school administration on terms of the program goal of keeping students in school vs. the administration's role to enforce the rules of punishment. For example, if a student confides to the PGC group leader that drugs were used on school property, the punishment for such infractions (e.g., suspension, writing assignment, counseling, police involvement, parent or guardian notification) should be agreed on. Agreement on appropriate methods of punishment should be reached collectively by the PGC leader and the school administration so that both the PGC goals and the school administration's responsibilities are maintained.

Source: Eggert et al. 1995a.

76

<u>Identification Procedures</u>

There are three ways to identify students for the program. First, students who are selected are individually assessed, and any student meeting *all* the following criteria qualify for the program:

- Has fewer than average credits earned for the student's expected grade level;

- Is in the top 25th percentile for class absences per semester; and

- Has a pattern of declining grades with a grade point average (GPA) less than 2.3 (on a 4.0 scale) or a precipitous drop in GPA of 0.7 or greater.

Second, any student meeting *either one* of the following criteria may be invited to participate:

- Has prior school dropout status; or

- Is a referral from any school personnel, such as teacher, counselor, school nurse, secretary, or administrator, as being in serious jeopardy of school failure *and* who meets *one or more* of the above criteria (Eggert et al. 1994a, 1994b).

Third, students who physically or verbally express suicide ideation or overt behavior, depression, and drug involvement in combination with depression and suicidal thoughts are good candidates for the program. Students within this at-risk pool can be further identified as being at risk of suicide based on whether they indicated serious suicide thoughts and behaviors or depression on their initial assessment questionnaire. They also can be identified on the basis of whether, during their assessment, they indicated serious drug involvement in combination with low levels of depression and suicidal behaviors (Eggert at al. 1994c).

<u>Procedures for Invitation to the Reconnecting Youth Program</u>

The invitation to Reconnecting Youth is best extended by the PGC group leader. Students are personally invited randomly from the pool of eligible students to participate in the program. Personal invitations are extended to the students because, in their research, the program developers discovered that students usually are personally invited to join a group that plans to engage in deviant and/or self-destructive activities such as being truant from school and engaging in substance abusing activities (Eggert and Nicholas 1992).

During the invitation process, the leader explains the purpose of the program in the most positive terms possible. It is important to use words that students can understand and that communicate that the program is about hope, support, and success in school. The PGC group

leader also should explain the goals and expectations for the class. It is useful to work from a prepared script so that all students get the same message. The invitation needs to be motivational and inviting while simultaneously communicating to the student that the group will be working on three major goals—improving school grades and attendance, reducing substance involvement, and improving ways to handle self-destructive moods like depression and anger. Finally, the PGC leader should emphasize how PGC will be different from a typical class in that everyone who joins belongs and that together the students will give and receive support to meet their shared goals (Eggert et al. 1995a).

Crisis Management System

One imminent danger for at-risk youth is suicide or suicidal behavior. To counteract the negative aspects of skipping school, academic failure, substance abuse, and depression and hopelessness, the Reconnecting Youth Program incorporates crisis management procedures for use within the school system. The school administrator, counselors and other support staff, PGC group leader, and community people must work out a crisis intervention plan to support the group leader and connect program students with appropriate and additional resources when needed.

Berman and Jobes (1991) have identified the following points that can be considered in any school-based plan for crisis management of suicide risk or other imminent danger:

- *Early detection and referral-making skills.* Faculty and students should be taught to be observers of themselves and others. Specific behaviors associated with suicide might be posted in various places around the school, for example, faculty lounge, cafeteria, PGC classroom. Participants should be taught how to intervene to help youth and when and how to refer a student who is believed to be at imminent risk of self-harm, or harm to others, to a qualified professional within the school or community.

- *Resource identification.* Professionals in the community to whom referrals can be made should be identified for a particular school's location and needs.

- *Help-seeking behavior.* A benefit of the resource identification exercise, completed by program students during the skill transfer and relapse prevention training, is the idea of help-seeking and help-receiving. When the community as a whole is perceived as being concerned about the quality of its services and resources, public awareness and utilization of these resources increase.

- *Parent education.* Parents should be taught to be observant of suicidal risk factors and made aware of people to whom they can address their questions and from whom they can seek counsel. Substance abuse awareness programs to teach parents

awareness of the signs of potential substance abuse by youths can be incorporated into suicide education efforts.

- *School-based postintervention.* Preventive purposes are served when appropriate interventions are used after the fact of suicidal or disruptive behavior. For example, a student hospitalized and treated for a suicide attempt may now need help to reintegrate successfully into the academic and social environment of the school without risk of a repeat suicide attempt or ultimate completion.

These are some concerns that should be considered before starting the Reconnecting Youth Program. The particular issues will vary in significance and implementation based on the characteristics of individual schools and school districts. By providing a crisis management system as backup support for the PGC group leader and students, the crisis response plan can offer specific instructions for the school administration and staff (Eggert et al. 1995a).

Community Involvement

Reconnecting Youth operates best in a host environment of active community supporters. School personnel, parents, students, and others from business, religious, social services, and judicial systems can serve as a community support team to collaborate in improving the community environments to reconnect at-risk youth to school, family, and community. The key for school leaders is to determine ways that willing community people can become constructively involved as partners in the school's efforts to implement Reconnecting Youth. School administrators and teachers are encouraged to establish linkages with community groups and form alliances to strengthen the overall program implementation and community support for preventing adolescent substance involvement.

Particular ways in which community involvement can add to the success of the Reconnecting Youth Program include:

- Seeking additional funding sources for the implementation of the program as needed;

- Helping the PGC group leader provide for drug-free social activities for the program youth, particularly on weekends and during the summer; this includes support in staging and supervising these functions as well as providing financial support;

- Adopting a school by providing additional mentoring and tutorial support for Reconnecting Youth students; donating in-kind services and materials to supplement the PGC group leader's efforts in the classroom;

79

- Developing linkages between the business community and the school by teaming up to provide training for program youth in specific jobs; developing transportation options that link youth with jobs; and providing incentives on the job for these youth to stay in school, return to school, or go on to additional schooling; and

- Providing concrete support and services in crisis situations, for example, self-help groups and social services in the event of a youth suicide (Eggert et al. 1995a).

School-community alliances can be composed of many individuals and groups who frequently work with youth who are at risk. For example, a community support team can be composed of specialists from many fields as highlighted in table 9.

Parent Involvement

Parents are important *partners* in the Reconnecting Youth experience. They are the primary care-givers, guardians, teachers, and early shapers of their sons' and daughters' lives. As the primary care-givers, parents provide youth with a framework of expected behaviors. As guardians, they are expected to monitor their sons' or daughters' care, and they are required to be notified in case a school discipline, criminal justice, or medical intervention is administered to their children. Parents are the early and primary source of information and reinforcement of values, societal norms, and acceptable behavior. Given these functions, parents are a critical factor for program success.

Therefore, the PGC group leader should contact parents of students who have accepted the invitation to enroll in the PGC. This contact serves several purposes. First, it provides a chance for the leader to enlist the parents' support in helping their teens make important changes. Second, it is a way to avoid any trouble that may arise from parents' being surprised to learn that something special is *being done* with their son or daughter. Parent contact also is a way of engaging parental consent, involvement, and support.

Parents are first introduced to the program by the PGC group leader, counselors, or other program staff. Before students are enrolled in the program, parents are informed about the purpose, goals, and teaching strategies incorporated into the course. In the developer's initial research, parental consent was required for all youth participating in the program. Although individual school policies vary, it is a good idea to encourage the use of parental consent in all cases so that parents are educated about the program before their children's participation. This interaction can provide a positive interplay between parents, youth, and school personnel (Eggert et al. 1995a).

80

Table 9

Specialists for Community Support Team

Prevention	Treatment	Adjudication	Aftercare
Social Services	Counselors	Juvenile courts	Social services
DARE (Drug Abuse Resistance Education) officers	Treatment providers Youth services	Family court judges Adult courts	Nonprofit organizations Ecumenical organizations
School leaders	Truancy officers	Prosecutors	
Teachers	Law enforcement	Criminal defenders	Halfway houses
Counselors			Probation officers
School nurses			
Parents and PTAs			
Students			
Communities			
Community Organizations			
Business leaders			

Table 10

Tips for Parents

- Talk frequently with your children: Ask how they are doing in school, what they think, and how they feel.

- Be watchful for visual and verbal signs that your children are experiencing difficulties in school, having trouble with peers, or suffering bouts of depression.

- Share your own feelings and experiences with your children. Build trusting relationships with them.

- Be aware of the tell-tale signs of substance abuse and watch for them in your children.

- Learn the scientific and street-names of illegal substances in your area and be observant of their use in your children's language.

- Know who your children's friends are and what activities they do together.

- Create a supervised safe haven in your own home where your children can bring their friends and you can track their involvement with positive, healthy peers.

- Set realistic goals and performance objectives with your children. Praise progress.

- Be involved in your children's school activities and respond swiftly to problems and requests for cooperation.

Source: U.S. Department of Education 1990.

Parents also are encouraged to learn about the tell-tale signs of substance abuse to intervene early in the cycle of such abuse. Table 10 presents tips for parents that are strategies for parents of at-risk youth. Additional tips and suggestions for parents that were developed specifically for the parents of PGC students are provided in appendix H.

Evaluation Issues To Consider

Success of the Reconnecting Youth Program can be measured by many indicators. For example, the primary indicators of school performance (GPA, course credits, and attendance), drug involvement behaviors (reducing alcohol and drug use frequency, increasing drug-use control skills, and decreasing adverse drug use consequences), and mood management (controlling anger, depression, and stress and curbing suicidal behaviors) are all indicators that can be measured for the effects of the program. The quantitative and qualitative measurement of these indicators is described in the relevant section of *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (Eggert et al. 1995a).

To evaluate the impact of the Reconnecting Youth Program, implementers of the program are encouraged to establish baseline data for each primary indicator of program success. Baseline data are those that show scores on the primary indicators before the program is implemented. The baseline data can then be compared with measurements taken later, after program implementation, to assess students' progress over time. Good evaluation techniques can help determine monthly progress and successes, and difficulties that can provide indications for changes needed to improve the program.

Other areas assessed in the students before starting the Reconnecting Youth Program, during the program implementation process, at the end of the program, and at followup include the following dimensions and indicators contained in the High School Study Questionnaire, the Drug Involvement Scale for Adolescents (DISA), and the Measure of Adolescent Potential for Suicide (MAPS) (Eggert et al. 1994a, 1994c, in press; Herting et al., in press):

- Personal Resources
  - Self-esteem
  - Personal control (self-efficacy)
  - Coping strategies
  - Suicide risk behaviors

- Emotional Well-Being
  - Depression, hopelessness, anxiety
  - Life satisfaction
  - Stress
  - Anger-control problems

- Drug Involvement
  - — Drug access
  - — Drug-use control problems
  - — Adverse drug-use consequences
  - — Frequency of alcohol abuse
  - — Frequency of other drug use

- Peer Activities and Peer Bonding
  - — Time spent with friends in activities
  - — Proportion of friends engaging in deviant behaviors
  - — Proportion of friends engaging in conventional behaviors

- Family Relations
  - — Involvement in family activities
  - — Family distress
  - — Family (parental and sibling) drug-use problems
  - — Conventional family bonding
  - — Family support satisfaction

- School Strain and School Bonding
  - — Likelihood of school dropout
  - — School satisfaction
  - — Unmet school goals
  - — Importance of school goals

- Amount of Social Support in School, Peer,and Family Networks
  - — Support and help for school from teachers, counselors, friends, parents, and others
  - — PGC group leader support and help
  - — PGC peer group support and help
  - — Support and help in most favorite class from teacher and classmates
  - — Support and help in least favorite class from teacher and classmates

Additional information about evaluation tools that can be used to measure the effectiveness of the Reconnecting Youth Program is presented in appendix I. The developers' High School Study Questionnaire is described in an article by Eggert and colleagues (Eggert et al. 1994a); MAPS is described in another article by Eggert and colleagues (Eggert et al. 1994c); and the DISA is detailed by Eggert and colleagues in a third article (Eggert et al., in press).

This chapter has presented a discussion of some major issues involved in the implementation of the Reconnecting Youth Program that should be considered before the program is started. Careful planning, with specific attention given to such issues as funding for the program, program staffing, participant selection, and the involvement of parents and members of the community is critical to this prevention effort. Information has been provided to assist the reader in understanding how the separate elements that constitute the Reconnecting Youth Program fit within a broad context of community prevention.

SUMMARY AND CONCLUSIONS

Intensive, targeted school-based prevention programs appear to have a positive influence on youth who are at risk for drug abuse and related problems by reconnecting these youth with school, reducing their drug-taking behaviors, increasing their substance abuse control skills, decreasing their adverse substance abuse consequences, and improving their emotional stability. This resource manual has presented a detailed description of one such program, the Reconnecting Youth Program, that was specifically designed to address these problems. It is a school-based indicated prevention program for youth at risk for dropping out of school, abusing substances, and suicide-risk behaviors.

Ideally, this resource manual has increased the readers' understanding of indicated prevention programs in general, and Reconnecting Youth in particular, and has provided some insight into some important requirements for implementing this research-based prevention model. Detailed information on what is included in the program and the necessary steps for its successful implementation has been provided for this purpose.

The balance of this manual provides additional information and resources for the reader interested in implementing Reconnecting Youth or other indicated prevention programs. Specifically, references are provided for available research studies related to indicated prevention programs, including the published reports on research on Reconnecting Youth. In addition, information is provided about training and technical assistance resources that are available for implementing Reconnecting Youth, and the appendices are provided for more detailed information on issues discussed throughout this manual.

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Swisher, J.D., and Hu, T.W. Alternatives to drug abuse: Some are and some are not. In: Glynn, T.J.; Leukefeld, C.G.; and Ludford, J.P., eds. *Preventing Adolescent Drug Abuse: Intervention Strategies.* National Institute on Drug Abuse Research Monograph 47, DHHS Pub. No. (ADM)83-1280. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off., 1983.

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Thompson, E.A.; Moody, K.A.; and Eggert, L.L. Discriminating suicide ideation among high-risk youth. *Journal of School Health* 64(9):361-367, 1994.

Tobler, N. Drug prevention programs can work: Research findings. *Journal of Addictive Diseases* 11:1-28, 1992.

Tobler, N. Meta-analysis of 143 adolescent drug prevention programs: Quantitative outcome results of program participants compared to a control or comparison group. *Journal of Drug Issues* 16:537-567, 1986.

U.S. Department of Education. *Working with parents: Grades 9-12, Learning to live drug free: A curriculum model for prevention.* May 1990.

Vorrath, H.H., and Brendtro, L.K. *Positive Peer Culture*, 2nd ed. New York, NY: Aldine de Greegter, 1985.

Wolin, S.J., and Wolin, S. *Bound and Determined: Growing Up Resilient in a Troubled Family.* New York: Villard Press, 1993

APPENDIX A: RESOURCES

CONTACTS AND RESOURCES: RESEARCH-BASED PREVENTION MODELS FOR DRUG ABUSE

The following drug abuse prevention program models are highlighted in the *Drug Abuse Prevention RDA* set of materials. The name and address of the principal investigator conducting the research for each model is provided, followed by information on the availability of training manuals, formal training services, consultation, and technical assistance.

Project STAR, a communitywide prevention program:

Mary Ann Pentz, Ph.D.
Department of Preventive Medicine
University of Southern California
1540 Alcazar Avenue, Suite 207
Los Angeles, CA 90033
Phone: (213) 342-2582
Fax: (714) 494-7771

Manuals, training, and technical assistance services are available from the research group at the University of Southern California, as follows:

- School component—teacher and peer leader training, manuals, and parent-child workbook;
- Parent component—parent and school principal training, manuals, and parent-child workbook;
- Community organization component—training;
- Policy component—training;
- Media component—training; and
- Evaluation—evaluation instruments, services, and data collection training tape.

Training costs are $150 to $250 per person per day, from a minimum of $1,500 up to a maximum of $2,500 per day, depending on the nature of the presentation. Technical assistance costs are negotiated on a case-by-case basis. Further information about materials, training, or technical assistance also can be obtained by contacting:

Project I-STAR
5559 West 73rd Street
Indianapolis, IN 46268
Phone: (317) 291-6844

Strengthening Families, a family-focused prevention program for children of substance-abusing parents:

> Karol L. Kumpfer, Ph.D.
> Department of Health Education
> HPERN-215
> University of Utah
> Salt Lake City, UT 84112
> Phone: (801) 581-7718
> Fax: (801) 581-5872

Manuals, training, and evaluation services and instruments are available from the program developers, evaluators, or implementors by contacting Dr. Kumpfer. A 3-day training costs $2,000 plus travel for a group of up to 16 participants.

Costs for program materials are:

Family Training Therapist Manual	$ 25
Parents' Skills Training Manual	25
Parent Handbook	25
Children's Skills Training Manual	25
Children's Handbook (6 to 12 years)	25
Implementation Manual	25
Evaluation Package	25
7-Manual Package Total:	$175
African-American Parent Handbook	25
8-Manual Package Total:	$200

Reconnecting Youth, a school-based prevention program for at-risk youth:

Leona L. Eggert, Ph.D., R.N.
Psychosocial and Community Health Department
P.O. Box 357263
University of Washington
Seattle, WA 98195
Phone: (206) 543-9455 or 543-6960
Fax: (206) 685-9551
e-mail: eggert@u.washington.edu

Consultation and technical assistance are available by contacting Dr. Eggert. Materials and training are also available. Program awareness can be gained in a day. Full-scale training requires 3 to 5 days and is limited to small groups. Prices for the training vary depending on the number of people to be trained. Rates are structured on an honorarium-plus-expenses basis. A curriculum and leaders' guide, *Reconnecting Youth: A Peer Group Approach to Building Life Skills*, is available for $139. For materials and training, contact:

National Educational Service
1252 Loesch Rd.
PO Box 8
Bloomington, IN 47402
Phone: (812) 336-7700
Fax: (812) 336-7790

CONTACTS AND RESOURCES: COMMUNITY READINESS FOR DRUG ABUSE PREVENTION

Eugene R. Oetting, Ph.D.
Scientific Director
Barbara Plested,
Research Associate
Tri-Ethnic Center for Prevention Research
Colorado State University
C79 Clark Building
Fort Collins, CO 80523
Phone: (800) 835-8091
Fax: (970) 491-0527

Abraham Wandersman, Ph.D.
Professor
Department of Psychology
University of South Carolina
Columbia, SC 29208
Phone: (803) 777-7671
Fax: (803) 777-0558

SOURCES OF INFORMATION ON COMMUNITY COALITIONS

The Anti-Drug Abuse Act of 1988 provided congressional authorization and funding for the Center for Substance Abuse Prevention (CSAP) to create more than 250 community partnerships nationwide (Davis 1991). Additional community substance abuse prevention coalitions and community action groups have been implemented by:

- State and local governments, for example, Rhode Island (Florin et al. 1992) and Oregon (Hawkins et al. 1992a);

- National foundations, for example, Henry J. Kaiser Family Foundation (Tarlov et al. 1987) and Robert Wood Johnson Foundation Fighting Back and Join Together coalitions (Robert Wood Johnson Foundation 1989);

- Federal Public Health Service agencies, for example, the National Cancer Institute's COMMIT and ASSIST tobacco and cancer reduction programs (Best et al. 1988; Shopland 1989), the Planned Approach to Community Health (PATCH) health promotion program of the U.S. Centers for Disease Control and Prevention (Kreuter 1992), and the Weed and Seed Program of the Bureau of Justice Assistance; and

- Schools and universities, for example, the university coalitions sponsored by the Department of Education/Fund for the Improvement of Post-Secondary Education (DOE/FIPSE) and local school boards.

POTENTIAL FUNDING SOURCES

Federal Grants

Most Federal substance abuse funding is provided as either demonstration and evaluation grants or prevention research grants. These funding mechanisms require evaluations and data collection processes to determine the effectiveness of the programs. These are *not* service grants (See list of Federal Government agencies).

Potential Federal funding sources for *demonstration grants* include:

- Center for Substance Abuse Prevention (CSAP);

- Center for Substance Abuse Treatment (CSAT);

- Office of Juvenile Justice Delinquency Prevention (OJJDP);

- Bureau of Justice Assistance (BJA);

- U.S. Department of Housing and Urban Development (HUD); and

Potential Federal funding sources for *research grants* include:

- National Institute on Drug Abuse (NIDA);

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); and

- National Institute of Mental Health (NIMH).

Other Grants

Service grants are available through individual State block grant mechanisms or through local county funding sources.

FEDERAL GOVERNMENT AGENCIES

Bureau of Justice Assistance (BJA)
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 514-6278

Implements national and multistate programs, offers training and technical assistance, establishes demonstration programs, and conducts research to reduce crime, enforce drug laws, and improve the functioning of the criminal justice system. Offers the following information clearinghouse:

Bureau of Justice Assistance Clearinghouse (BJAC): (800) 688-4252

Bureau of Justice Statistics (BJS)
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 29531
Phone: (202) 307-0765

Focuses on drugs and crime data and covers law enforcement and crime rates. Offers the following information clearinghouses:

BJS Automated Information System
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000
Phone: (202) 307-6100

Offers drug- and crime-related information and materials. Fax-on-demand and Internet services also available.

BJS Clearinghouse
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000
Phone: (202) 307-6100

Distributes drug- and crime-related publications.

Center for Substance Abuse Prevention (CSAP)
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-0365

Focuses attention and funding on the prevention of substance abuse. Offers the following hotline:

Drug-Free Workplace Helpline (DFWH): (800) 843-4971

Center for Substance Abuse Treatment (CSAT)
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-5052

Focuses attention and funding on the development and assessment of treatment techniques and models. Offers the following hotline:

CSAT's National Drug Information and Treatment Referral Hotline: (800) 662-4357

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road, N.E.
Atlanta, GA 30333
Phone: (404) 639-3311 or 3534

Researches and develops cures for diseases worldwide. Offers the following information clearinghouse:

CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
Phone: (800) 458-5231

Offers information on AIDS-related resources and services. Publications are also available on substance abuse issues related to HIV.

102

Crime Prevention and Security Division
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W.
Washington, DC 20410
Phone: (202) 708-1197

Awards drug elimination grants each year. Offers the following information clearinghouse:

> Drug Information and Strategies Clearinghouse
> P.O. Box 6424
> Rockville, MD 20849
> Phone: (800) 578-3472

Distributes materials on substance abuse prevention in public housing.

U.S. Department of Housing and Urban Development (HUD)
451 Seventh Street, S.W.
Washington, DC 20410
Phone: (202) 708-0685

Focuses on all aspects of housing. Community programs target at-risk youth and work to improve neighborhoods.

Fund for the Improvement of Post-Secondary Education (FIPSE)
U.S. Department of Education
Seventh and D Streets, S.W.
Room 3100
Washington, DC 20202-5175
Phone: (202) 708-5750

Funds drug and violence prevention programs aimed at students enrolled in institutions of higher education. Program encourages colleges and universities to develop programs to prevent alcohol and other drug use for their students and staff.

U.S. Government Printing Office (GPO)
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954
Phone: (202) 783-3238
Fax: (202) 512-2250

Publishes and makes available numerous publications on many topics, including substance abuse. Many publications are available free of charge.

National Clearinghouse on Child Abuse and Neglect (NCCAN) Information
P.O. Box 1182
Washington, DC 20013-1182
Phone: (703) 385-7565
Phone: (800) 394-3366

Serves as a major resource center for the acquisition and dissemination of child abuse and neglect materials; free publications catalog on request.

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
Phone: (800) 729-6686
TDD: (800) 487-4889

Houses and catalogs numerous publications on all aspects of substance abuse. Provides computerized literature searches and copies of publications, many free of charge.

National Institute of Justice (NIJ)
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 307-2942

Conducts research and sponsors the development of programs to prevent and reduce crime and improve the criminal justice system.

National Institute of Mental Health (NIMH)
U.S. Department of Health and Human Services
5600 Fishers Lane
Room 7C-02
Rockville, MD 20854
Phone: (301) 443-4513

Focuses on research in mental health and related issues.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
U.S. Department of Health and Human Services
National Institutes of Health
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-3860

Focuses attention and funding on research on alcohol abuse and alcoholism and their treatment.

National Institute on Drug Abuse (NIDA)
U.S. Department of Health and Human Services
National Institutes of Health
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-6245

Contacts: William J. Bukoski, Ph.D.
              Chief, Prevention Research Branch
              Division of Epidemiology and Prevention Research
              Room 9A-53
              Phone: (301) 443-1514

              Susan L. David, M.P.H.
              Coordinator, Epidemiology and Prevention Research
              Division of Epidemiology and Prevention Research
              Room 9A-53
              Phone: (301) 443-6543

Focuses attention and funding on research on substance abuse and its treatment and on the dissemination and application of this research.

National Technical Information Service (NTIS)
Order Desk
5285 Port Royal Road
Springfield, VA 22161
Phone: (703) 487-4650
Fax: (703) 321-8547
Fax Receipt Verification: (703) 487-4679
RUSH Service: (800) 553-NTIS (additional fee)

Makes available numerous publications on many topics, including substance abuse.

Office of Justice Programs (OJP)
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 307-5933

Operates many programs to prevent and treat substance abuse-related crime.

Office of Juvenile Justice Delinquency Prevention (OJJDP)
U.S. Department of Justice
633 Indiana Avenue, N.W.
Washington, DC 20531
Phone: (202) 307-5911

Focuses on program development and research to prevent and treat delinquency in at-risk youth. Offers the following information clearinghouse:

> Juvenile Justice Clearinghouse
> National Criminal Justice Reference Service (NCJRS)
> Box 6000
> Rockville, MD 20849-6000
> Phone: (800) 638-8736
>
> Provides publications on juvenile crime and drug-related issues.

Office of National Drug Control Policy (ONDCP)
Executive Office of the President
Washington, DC 20500
Phone: (202) 467-9800

Is responsible for national drug control strategy; sets priorities for criminal justice, drug treatment, education, community action, and research. Offers the following information clearinghouse:

Drugs and Crime Clearinghouse
160 Research Boulevard
Rockville, MD 20850
Phone: (800) 666-3332

Distributes statistics and drug-related crime information.

Safe Drug-Free School Program
U.S. Department of Education
600 Independence Avenue, S.W.
Washington, DC 20202
Phone: (202) 260-3954

Funds drug and violence prevention programs that target school-age children. Training and publications are also available.

OTHER PREVENTION PROGRAMS AND ORGANIZATIONS

The following list of programs, organizations, and hotlines is provided for the reader seeking additional resources. Inclusion on this list should not be construed as an endorsement by NIDA.

Community Anti-Drug Coalition of America (CADCA)
901 North Pitt Street
Suite 300
Alexandria, VA 22314
Phone: (703) 706-0560
Fax: (703) 706-0565

A membership organization for community alcohol and other drug prevention coalitions, with a current membership of more than 3,500 coalition members. Provides training and technical assistance and publications and advocacy services and hosts a National Leadership Forum annually.

Narcotics Education
6830 Laurel Street, N.W.
Washington, DC 20012
Phone: (202) 722-6740
Phone: (800) 548-8700

Publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention materials designed for classroom use on narcotics and other substance abuse.

National Center for the Advancement of Prevention
11140 Rockville Pike
Suite 600
Rockville, MD 20852
Phone: (301) 984-6500

Produces documents on a variety of prevention and community mobilization and readiness topics.

National Families in Action
2296 Henderson Mill Road, Suite 300
Atlanta, GA 30345
Phone: (404) 934-6364

Maintains a drug information center with more than 200,000 documents; publishes *Drug Abuse Update*, a quarterly journal containing abstracts of articles published in journals, academic articles, and newspapers on drug abuse and other drug issues.

Parents Resource Institute for Drug Education, Inc. (PRIDE)
3610 Dekalb Technology Parkway, Suite 105
Atlanta, GA 30303
Phone: (770) 458-9900
Phone: (800) 241-9746

Offers drug prevention consultant services to parent groups, school personnel, and youth groups. In addition, provides drug prevention technical assistance services, materials, and audio and visual aids.

Partnership for a Drug-Free America
405 Lexington Avenue
16th Floor
New York, NY 10174
Phone: (212) 922-1560

Conducts advertising and media campaigns to promote awareness of substance abuse issues.

Prevention First Inc.
2800 Montvale Drive
Springfield, IL 62704
Phone: (312) 793-7353

Produces a variety of print and audiovisual products on various prevention topics.

TARGET
National Northwest Federation of State High School Associations
11724 Plaza Circle
P.O. Box 20626
Kansas City, MO 64195
Phone: (816) 464-5400

Offers workshops, training seminars, and an information bank on substance use and prevention.

Toughlove International
P.O. Box 1069
Doylestown, PA 18901
Phone: (215) 348-7090
Phone: (800) 333-1069

National self-help group for parents, children, and communities, emphasizing cooperation, personal initiative, avoidance of blame, and action. Publishes a newsletter, brochures, and books. Holds workshops.

Hotlines

Al-Anon Family Group Headquarters
Phone: (800) 356-9996

Provides printed materials specifically aimed at helping families dealing with the problems of alcoholism. Available 9 a.m. to 4:30 p.m. EST.

Alcohol and Drug Hotline
Phone: (800) 821-4357
Phone: (801) 272-4357 in Utah

Provides referrals to local facilities where adolescents and adults can seek help. Operates 24 hours.

Child Help USA
Phone: (800) 422-4453

Provides crisis intervention and professional counseling on child abuse. Gives referrals to local social services groups offering counseling on child abuse. Operates 24 hours.

Covenant House Nineline
Phone: (800) 999-9999

Crisis line for youth, teens, and families. Locally based referrals throughout the United States. Help for youth and parents regarding drugs, abuse, homelessness, runaway children, and message relays. Operates 24 hours.

Depression, Awareness, Referral and Treatment (D/ART)
Phone: (800) 421-4211

Provides free brochures about the symptoms of depression, its debilitating effects on society, and information about where to get effective treatment. Operated by the National Institute on Mental Health. Operates 24 hours.

Grief Recovery Institute
Phone: (800) 445-4808

Provides counseling services on coping with loss. Available 9 a.m. to 5 p.m. PST.

National Mental Health Association (NMHA)
Phone: (800) 969-6642

Provides a recorded message for callers to request a pamphlet that includes general information about the organization, mental health, and warning signs of illness. Available 9 a.m. to 5 p.m. EST.

GENERAL PUBLICATIONS ON PREVENTION

The following publications are available from:

Join Together
441 Stuart Street, 6th Floor
Boston, MA 02116
Phone: (617) 437-1500
e-mail: jointogether.org

Alcohol and Drug Abuse in America: Policies for Prevention, 1995.
Recommendations on how communities can prevent alcohol and drug abuse.

Community Action Guide to Policies for Prevention, 1995.
Steps communities can take to strengthen prevention efforts.

How Do We Know We Are Making A Difference? 1996.
Eighty-six page substance abuse indicator's handbook to help communities assess substance abuse problems.

Substance Abuse Strategies in America's 20 Largest Cities, 1996.
Efforts against alcohol and drugs in 20 cities in the United States.

GOVERNMENT PUBLICATIONS

National Institute on Drug Abuse
Research Dissemination and Application Packages (NIDA RDA Packages)

NIDA RDA packages are available from the National Clearinghouse for Alcohol and Drug Information (NCADI), the National Technical Information Service (NTIS), and/or the U.S. Government Printing Office (GPO). (See list of Federal Government agencies.) NCADI, NTIS, and GPO publication numbers and costs are listed for each RDA package.

Drug Abuse Prevention Package (4 publications), NCADI Order No. PREVPK

This package is designed to help prevention practitioners plan and implement more effective prevention programs based on evidence from research about what works. The core package should be ordered and read first because it provides the information needed to prepare communities for prevention programming. Three stand-alone resource manuals then can be ordered. These manuals each provide information and guidance on implementing a specific prevention strategy introduced in the core package. The core package is available free of charge from NCADI (Order No. PREVPK) while supplies last.

- *Brochure*
- *Drug Abuse Prevention: What Works*
- *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools*
- *Drug Abuse Prevention and Community Readiness Training Facilitator's Manual*

Drug Abuse Prevention Resource Manuals

These manuals are available free of charge from NCADI while supplies last.

- *Drug Abuse Prevention for the General Population*, NCADI Order No. BKD200

- *Drug Abuse Prevention for At-Risk Groups*, NCADI Order No. BKD201

- *Drug Abuse Prevention for At-Risk Individuals*, NCADI Order No. BKD202

How Good Is Your Drug Abuse Treatment Program Package (4 publications)

This package deals with treatment program evaluation; however, much of it is applicable to drug abuse prevention programming.

- NTIS #PB95-167268/BDL: $44.00 (domestic) + postage; $88.00 (foreign) + postage

- GPO #017-024-01554-7: $33.00 (foreign rate add 25-percent surcharge for special handling. If by airmail, an additional cost is added.)

Working With Families To Support Recovery Package (4 publications), NCADI Order No. FAMILYPK

This package is designed to disseminate research-based family therapy treatment approaches to the drug abuse field. It is available free of charge from NCADI while supplies last.

**National Institute on Drug Abuse
Clinical Reports (NIDA Clinical Reports)**

All NIDA Clinical Reports are available from NCADI. (See list of Federal Government agencies.) NCADI publication numbers are listed for each clinical report.

Family Dynamics and Interventions, NCADI Order No. BKD147

Mental Health Assessment and Diagnosis of Substance Abusers, NCADI Order No. BKD 148

**National Institute on Drug Abuse
Research Monographs**

All NIDA Research Monographs are available from NCADI. (See list of Federal Government agencies.) NCADI order numbers are listed for each research monograph.

Drugs and Violence: Causes, Correlates, and Consequences. NIDA Research Monograph 103, NCADI Order No. M103

Drug Abuse Prevention Intervention Research: Methodological Issues. NIDA Research Monograph 107, NCADI Order No. M107

Methodological Issues in Epidemiological, Prevention, and Treatment Research on Drug-Exposed Women and Their Children. NIDA Research Monograph 117, NCADI Order No. M117

Advances in Data Analysis for Prevention Intervention Research. NIDA Research Monograph 142, NCADI Order No. M142

Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions. NIDA Research Monograph 156, NCADI Order No. M156

National Institute on Drug Abuse
Videotapes for Prevention Practitioners

These videotapes are available from NCADI. (See list of Federal Government agencies.) Order numbers are provided for each tape.

Coming Together on Prevention, 1994, 27 minutes, NCADI Order No. VHS66, $8.50

Dual Diagnosis, 1993, NCADI Order No. VHS58, $8.50

Adolescent Treatment Approaches, 1991, NCADI Order No. VHS40, $8.50

National Institute on Drug Abuse
Other Publications

There are various other NIDA publications and products on various prevention and other related topics, some of which are listed below. For a full list, contact NCADI for a catalog. (See list of Federal Government agencies.) In addition, future products related to prevention will be announced through flyers and the *NIDA Notes* newsletter. Readers with access to computers can find out about new materials by calling up NIDA on its World Wide Web homepage at *http://www.nida.nih.gov/*

Drug Use Among Racial/Ethnic Minorities, NCADI Order No. BKD180

Monitoring the Future Survey—Prevalence of Various Drugs for 8th, 10th, and 12th Graders, 1994, NCADI Order No. CAP48

**Center for Substance Abuse Prevention (CSAP)
Publications**

CSAP has a wide range of prevention products addressing various prevention topics and targeted populations. These products include resource guides, manuals, pamphlets, posters, videotapes, and data reports. Target populations include educators, community leaders, families, health professionals, and youth. Publications are also available in Spanish. CSAP products are available from NCADI. (See list of Federal Government agencies.) For a full list, contact NCADI for a catalog. Publications cited in this *Drug Abuse Prevention RDA package* are given below. NCADI publication numbers are listed for each publication.

Communicating About Alcohol and Other Drugs: Strategies for Reaching Populations at Risk. CSAP Prevention Monograph 5. Rockville, MD: NCADI Pub. No. BK170, 1993

Conducting Focus Groups With Young Children Requires Special Consideration and Techniques. CSAT Technical Assistance Bulletin. Rockville, MD: NCADI Pub. No. MS501, 1991 (Reprint 1994)

Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners Working With Ethnic/Racial Communities. Center for Substance Abuse Prevention. DHHS Pub. No. (ADM)92-1884A. Rockville, MD, 1992

Handbook for Evaluating Drug and Alcohol Prevention Programs: Staff/Team Evaluation of Prevention Programs (STEPP). U.S. Department of Health and Human Services. DHHS Pub. No. (ADM)87-1512, Rockville, MD, 1987

Measurements in Prevention: A Manual on Selecting and Using Instruments To Evaluate Prevention Programs. CSAP Technical Assistance Report 8. Rockville, MD: NCADI Pub. No. BK213, 1993

Prevention Plus II: Tools for Creating and Sustaining a Drug-Free Community, Rockville, MD: NCADI Pub. No. BK159, 1991

Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level. Rockville, MD: NCADI Pub. No. BK18, 1991

Prevention Primer: An Encyclopedia of Alcohol, Tobacco, and Other Drug Prevention Terms. Rockville, MD: NCADI Pub. No. PHD627, 1994

You Can Manage Focus Groups Effectively for Maximum Impact. CSAP Technical Assistance Bulletin. Rockville, MD: NCADI Pub. No. MS495, 1991 (Reprint 1994)

Center for Substance Abuse Treatment (CSAT) Publications

CSAT has two series of publications, some of whose issues address topics of interest to substance abuse prevention professionals. Topics include dual diagnosis, assessment and treatment of adolescents, and so forth. The two series are called Technical Assistance Publications Series (TAPS) and Treatment Improvement Protocol Series (TIPS). CSAT publications are available from NCADI. (See list of Federal Government agencies.) For a full list, contact NCADI for a catalog.

Other Government Publications

The following publications are available from the agencies. (See list of Federal Government agencies.)

Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Head Start Bureau, 1994

Working With Parents: Grades 9-12, Learning To Live Drug Free: A Curriculum Model for Prevention. Washington, DC: Department of Education, May 1990.

**APPENDIX B: CONTENT AND KEY CONCEPTS—PGC *GETTING STARTED*
SESSIONS**

Source: Eggert et al. 1995a

This sample from the *Reconnecting Youth: A Peer Group Approach to Building Life Skills* is copyrighted material. The entire curriculum including reproducible handouts is available from National Educational Service, Bloomington, Indiana (see page 97).

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		CONTENT AND KEY CONCEPTS IN THE PGC "GETTING STARTED" SESSIONS

Day	Session Title	Key Concepts
Day 1	Welcome to PGC	• We can all have a much improved school year by combining talents and supporting one another. • Personal growth is most likely to occur when we share a little of ourselves and trust in one another.
Day 2	Showing Care & Concern in Group	• The picture we have of ourselves (our self–esteem) is greatly influenced by what others say about us and how they treat us. Showing care and concern tells a person that we value him/her.
Day 3	Setting Attendance Goals	• Our self–esteem improves as we achieve goals that are important to us • The group can support one another's school achievement goals through helpful feedback and encouragement.
Day 4	Monitoring Attendance	• Achievement of goals happens one day at a time. • PGC celebrates daily successes towards achievement of goals.
Day 5	School Smarts: A Checklist for Improving School Achievement	• Good study and work habits improve school achievement. • Praising each other's efforts and giving helpful feedback in group helps everyone improve school achievement.
Day 6	Understanding & Monitoring Moods	• Communicating our moods and feelings is healthy. • Monitoring our moods helps us understand and control our moods.
Day 7	Evaluating Drug–Use & Non–Use Decisions	• Success at school, in relationships, at home, and on the job is related to levels of drug use. • Openness about drug use or non–use depends on the bonds of trust created in group.
Day 8	Monitoring Addictive Behaviors	• Addictive behaviors can cause personal, physical, emotional, and legal problems. • Problems can be an opportunity for personal growth.
Day 9	Setting Program Goals	• Setting goals that we want to accomplish gives us control in our lives. • Support, encouragement, and helpful feedback in PGC helps everyone accomplish his/her goals.
Day 10	Setting Personal Goals	• Problems can be an opportunity for personal growth. • Same as Day 9.

Source: Summarized from Eggert et al. 1995a

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APPENDIX C: BACKGROUND—*SELF-ESTEEM ENHANCEMENT UNIT*

Source: Eggert et al. 1995a

This sample from the *Reconnecting Youth: A Peer Group Approach to Building Life Skills* is copyrighted material. The entire curriculum including reproducible handouts is available from National Educational Service, Bloomington, Indiana (see page 97).

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SELF-ESTEEM

Definition: Positive self-esteem means knowing and appreciating yourself.

SELF-AWARENESS

SELF-APPRECIATION

POSITIVE
SELF-ESTEEM
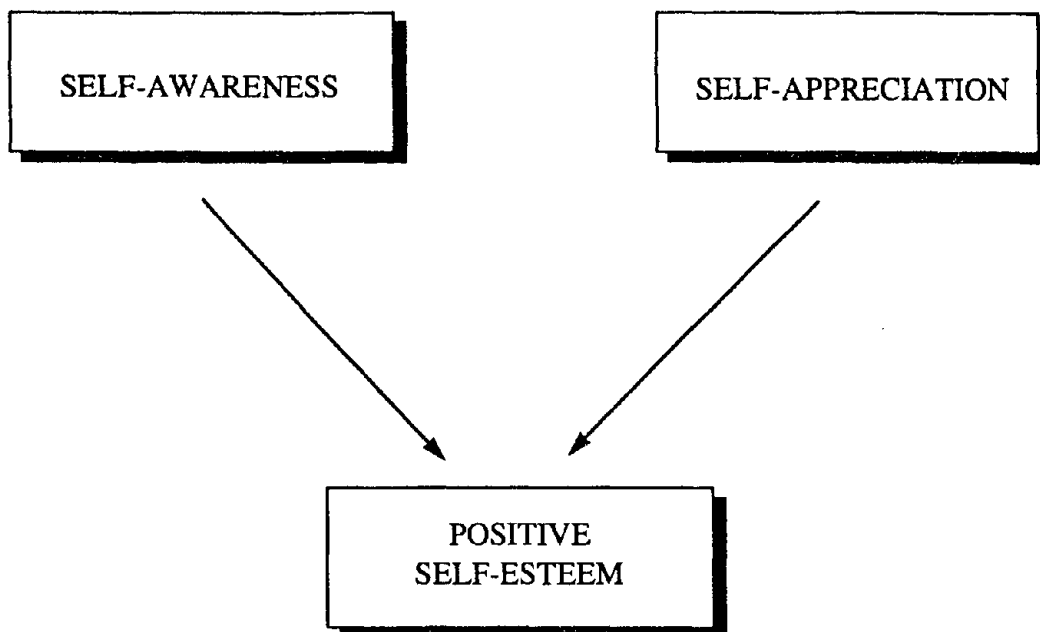
COMPONENTS OF SELF-ESTEEM SKILLS TRAINING

Needs Assessment

> *I hate it when I say something dumb. I get so scared that I'll*
> *say something dumb. Nobody talks to me anyhow so I don't*
> *know why I worry about it.*

> *It's really hard to face people after you've been absent so*
> *much. They have all heard my promises and they don't*
> *believe me anymore. I especially hate seeing people who tried*
> *so hard to help me. I let them down and now I won't go any-*
> *where near them.*

These comments from *RY* students reveal the downward spiraling effects of low self-esteem. Low self-esteem contributes to feelings of alienation and a sense of failure, and tends to be self-fulfilling. Failure in school plus drug, legal, and social problems confirm the low self-images that at-risk students possess.

Like a wheel with many spokes, a number of issues revolve around self-esteem—competency, usefulness, power, value to others. Building self-esteem, therefore, requires parallel skills training to help students set goals, make decisions, cope with stress, and improve relationships with others. Self-esteem comes full circle in *RY* groups. It is the place to begin motivating students and paving the way for further skills training. And it is the place where *RY* groups hopefully end, as students step out into the world with a sense of confidence and competence.

Key Concepts

Much of the self-reflection that goes on in *RY* centers on self-esteem concepts. Students learn that self-esteem is a picture they hold of themselves. This picture, their self-image, is shaped by their own and others' regard for them. As each day passes in *RY*, students sketch in more and more of the picture they have of themselves. Since they are the "artists" of their self-portraits, they control what they will reveal and what they will change. That concept of control is, in itself, a powerful motivator for change.

Another important concept running through self-esteem enhancement is that the self-portrait is never finished. Self-esteem is an ongoing process, not something that one has to get right, once and for all. That is, self-esteem must not only be developed, it must also be maintained. Students learn in group that through healthy interpersonal interaction, self-esteem can continue to grow.

Students learn the benefits and "how-to's" of building self-esteem as the following key concepts are communicated in the *RY* group sessions.

126

SESSIONS	KEY CONCEPTS
Focus	• Positive self-esteem is based on self-awareness and self-appreciation.
	• Group self-esteem goes up when group members show care and concern for each other.
Skill 1	• Our self-esteem is shaped by what we say and think about ourselves.
	• We strengthen our self-esteem by thinking and saying affirmative things about ourselves.
Skill 2	• We can create mental images of ourselves that help us accept and appreciate ourselves.
	• We can use positive visualization to identify and realize personal and group goals.
Skill 3	• Automatic thoughts can cause us to react in ways that either help or hurt our self-esteem.
	• We can interrupt and change hurtful automatic thoughts and help our self-esteem.
Application–Achievement	• How we feel about ourselves depends, in part, on our ability to achieve goals that are important to us.
	• We can achieve our goals and improve our self-esteem by changing hurtful thoughts and behaviors.
Application–Drug-Use Control	• The false high of drug use or other unhealthy dependencies is followed by a physical and emotional withdrawal that steadily erodes self-esteem.
	• Controlling dependencies involves finding healthy replacements that build self-esteem.
Application–Mood	• Depression is a mood often accompanied by low self-esteem.
	• We can regulate our moods and prevent depression by changing our thoughts and feelings about ourselves.

Objectives

Each *Self-Esteem* session has specific, observable learning objectives. The following lists describe the unit's broad objectives for students and group leaders. Students and leaders might use these lists to evaluate whether they are

engaged in the processes and working on the goals described by these objectives.

Student Objectives	Students will . . .

1. Practice positive self-talk.

2. Give accurate self-appraisal.

3. Accept responsibility for actions.

4. Demonstrate care and concern for others.

5. Accept/handle criticism.

6. Set goals for self-improvement.

Leader Objectives	Leaders will . . .

1. Model positive attitudes and positive self-esteem.

2. Demonstrate belief and interest in each student and students "as a group."

3. Show positive regard for students.

4. Be consistently involved in students' progress.

5. Coach students to express caring for one another and develop/foster a positive peer culture.

6. Protect students from hurtful communication.

Strategies

Many of the skills students practice in the *Self-Esteem Unit* are the tools for skills training in other areas; for example, visualization, relaxation, affirmations, self-praise, group praise. These specific skills support the larger group processes which follow.

RY GROUP PROCESSES	SELF-ESTEEM ENHANCEMENT
Problem Solving	• Comparing hurtful ("slugs") vs. helpful ("hugs") feedback (Focus)
	• Linking thoughts, feelings, and moods (Application–Mood)
	• Identifying barriers to school achievement (Application–Achievement)
	• Identifying triggers to drug use (Application–Drug-Use Control)
	• Exploring self-images and thoughts during times of depression (Application–Mood)
Decision Making	• Targeting a personal goal created through positive visualization exercises (Skill 2)
	• Setting goals for overcoming barriers to success in school (Application–Achievement)
	• Making a goal statement regarding weekend drug use (Application–Drug-Use Control)
Coping	• Writing and saying affirmations (Skill 1)
	• Practicing relaxation techniques (Skill 2)
	• Creating positive self-images through visualization (Skill 2)
	• Replacing hurtful thoughts with helpful thoughts (Skill 3)
	• Exploring healthy ways of coping with personal stressors (Application–Drug-Use Control)
	• Applying self-esteem-building techniques to the goal of controlling depression (Application–Mood)
Supporting	• Committing to passing out "hugs" instead of "slugs" in group (Focus)
	• Coaching each other in making positive affirmations (Skill 1)
	• Offering help to reverse negative self-talk (Skill 3)

- Problem solving as a group to overcome barriers to school achievement (Application–Achievement)

- Leadership in directing friends away from drug use (Application–Drug-Use Control)

Group Support System

Other people's perceptions and actions help form one's self-image. The activities in *RY* group sessions nurture a positive self-image by encouraging the expression of care and concern among group members. The caring behavior of *RY* group members and the group leader communicates the message "You are a valuable person."

In the *Self-Esteem Unit*, students forge a key link to feeling satisfied with their lives: the connection between how they treat themselves and how they treat others. Students can learn to "read" and evaluate their self-esteem by examining their relationships with others. This realization prepares them for more in-depth work on improving relationships with others in the *Interpersonal Communication Unit*. *RY* students have underscored the power of group support to enhance their feelings of self-worth:

> *I made a lot of friends and saw people for who they really are, not like you see them around their own crowd. It's helped me hear other points of view towards problems I have had. I believe in myself more now knowing that I can help with some of the advice I've given and gotten.*

IMPLEMENTING THE SELF-ESTEEM UNIT

Preparations

Students should be introduced to self-esteem concepts and practices **early** in the semester. In many ways, the *Self-Esteem Unit* is the heart of the *RY* group sessions in that self-esteem sets the beat or pace for all subsequent skills training. You may notice that some groups seem to progress much more quickly than others. The difference may be related to differences in their levels of self-esteem at the outset.

The *Getting Started* sessions lay the foundation for many of the activities in the *Self-Esteem Unit*. As the group works through the Self-Esteem sessions, you can connect new skills and ideas with the groundwork already laid in the following *Getting Started* sessions:

GETTING STARTED SESSIONS ⟹	SELF-ESTEEM SESSIONS
Day 1: "Welcome to *RY*" Day 2: "Showing Care & Concern in Group"	Focus: "Building Group Self-Esteem"
Day 2: "Showing Care & Concern in Group"	Skill 1: "Positive Self-Talk: An Affirmation a Day . . ."
Day 9: "Setting *RY* Goals" Day 10: "Setting Personal Goals"	Skill 2: "Positive Self-Images"
Day 6: "Understanding & Monitoring Moods"	Skill 3: "Interrupting Automatic Thoughts"
Day 3: "Setting Attendance Goals" Day 4: "Monitoring Attendance" Day 5: "School Smarts: A Checklist for Improvement"	Application–Achievement: "Removing Barriers to Success"
Day 7: "Evaluating Drug-Use & Non-Use Decisions" Day 6: "Understanding & Monitoring Moods"	Application–Drug-Use Control: "Dependency & Stress" Application–Mood: "Emotional Spirals"

Real-Life Application of Skills

At the end of each *Self-Esteem* session, students are challenged to apply the skill and/or concept to situations in their own lives. For example, students are encouraged to:

- write daily/weekly affirmations

- report back on their experiences with "hugs" and "slugs" outside of group

- practice interrupting hurtful thoughts and substituting helpful thoughts

- frequently check their behavior against the "School Smarts Checklist" to improve achievement

- use guided relaxation to relieve stress

- use visualization to create positive self-images and define goals

131

- tap into the group support network in the evenings and on weekends, when drug-use activity may increase

Self-Esteem Booster sessions, such as "Brown Bragging It" and "How-To," give students repeated opportunities to publicly acknowledge their strengths and accomplishments. Stories of personal successes that students bring to group are the real markers of improved self-esteem.

APPENDIX D: FOCUS—*DECISION-MAKING UNIT*

Source: Eggert et al. 1995a

EVALUATING DECISIONS

OVERVIEW

Summary

By reviewing recent decisions, students describe how they make decisions. They consider old habits that lead to hurtful or ineffective decisions and discuss the benefits of planned decision making.

Key Concepts

1. Achieving goals can depend largely on how we make decisions.

2. Learning to make effective decisions may mean unlearning old habits of decision making.

Learning Objectives

Students will . . .

1. Describe the process that they use to make decisions.

2. Evaluate the effectiveness of their decision making.

Preparations

1. Review session.

2. Make copies of the handout "How Did You Decide?" for each student.

3. Make copies of the handout "Decision Making: An Overview" for each student.

Materials

1. Flipchart, markers.

2. Copies of the handout "How Did You Decide?" for each student.

3. Copies of the handout "Decision Making: An Overview" for each student.

INTRODUCTION

Check In

Tell students to get their notebooks and update their monitoring charts. As students fill in their attendance and drug-use control charts, ask them to think about why they made these recent choices.

As you check in with your students, ask them to share a recent decision they made which they're happy about. Encourage students to share small, everyday decisions such as going to class or getting a good night's sleep.

Negotiate Agenda

Take down names of students who would like time today. Include unfinished business and today's topic on the agenda: **Evaluating Decision Making.**

Provide Rationale

Tell students that today they begin a new unit called "Decision Making." To achieve goals that are important to them sometimes means evaluating whether or not they're making decisions that get them what they want. The group will work together on decision-making skills that can help everyone achieve their goals and feel good about themselves.

ACTIVITIES

Group Explores

Ask students to describe how they made a recent decision. Give students simple examples—"How did you decide what to do this weekend?" Write students' responses on the board or flipchart. Ask them to evaluate how they made the decision. Would they change anything about how they decided?

Pass Out "How Did You Decide?"

Pass out copies of the handout "How Did You Decide?" Tell students that they will now look at other decisions they've made and determine if there is any pattern to the way they make decisions.

Group Works in Partners

Allow students to work with a partner to complete the handout. Read over the directions on the handout. Give students a few minutes to complete the sheet. Circulate and give help as needed.

Group Shares

Have partners share with the rest of the group examples of their decision making—how decisions were made and how they turned out.

Direct Group Discussion

As partners share, ask questions as needed:

Did you find yourself making decisions in the same way all the time? Or did you make decisions differently depending on the situation? (Open answers. Reinforce that styles of decision making are neither right or wrong. The "right" style depends on the person and situation.)

Would you change anything about the way you made some of the decisions on your list? (Open answers.)

Have students put the handout in their notebooks under "Decision Making."

CONCLUSION

Pass Out "Decision Making: An Overview"

Pass out copies of "Decision Making: An Overview." Read over with students the definition and benefits of planned decision making. Discuss why planned decision making may be most helpful for important decisions. Have students put the handout in their notebooks under "Decision Making."

Praise Group Strengths

Praise the group for sharing experiences. Tell students that the group will become increasingly important in supporting each other's helpful decision making.
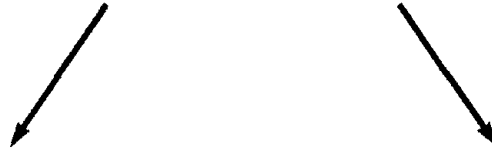
Extend

See Booster "Decision-Making Styles" for a more in-depth analysis of decision-making styles.

DECISION MAKING: AN OVERVIEW

Definition: A process of selecting from two or more possible
options in order to solve a problem and/or set a goal.

PLANNED DECISION MAKING

Group Problems and Goals

• Decreasing drug use

• Improving school achievement
and attendance

• Improving moods

Personal Problems and Goals

• Feeling good about myself

• Getting something I want

• Changing unhealthy habits

WHY PRACTICE PLANNED DECISION MAKING?

• Gives you FREEDOM of choice

• Gives you CONTROL over your life

• Helps you achieve SUCCESS at things that are
important to you

• Increases your SELF-CONFIDENCE

• Gives you ENERGY and reduces stress

HOW DID YOU DECIDE?

1. Think about decisions you've made in the last week or month.

    Here are some examples:

    (1) "Asked_____to go to a party."

    (2) "Quit my after-school job."

    (3) "Got help for a friend in trouble."

    (4) "Skipped school on _____."

2. Write your decisions in the left-hand column on the next page.

3. Next, describe how much thought went into each decision by writing one of the following numbers next to the decision:

    1 = Automatic, didn't think about it.

    2 = Thought about it a little.

    3 = Thought about it a lot.

    4 = Thought about it a lot and got information.

4. Finally, write "helpful" or "hurtful" in the last column, depending on how you think your decision turned out.

139

	Decisions	How I decided (write number)	Helpful? Hurtful?
1.	_____	_____	_____
	_____		
	_____		
2.	_____	_____	_____
	_____		
	_____		
3.	_____	_____	_____
	_____		
	_____		
4.	_____	_____	_____
	_____		
	_____		
5.	_____	_____	_____
	_____		
	_____		

APPENDIX E: SKILL 1—*DECISION-MAKING UNIT*

Source: Eggert et al. 1995a

This sample from the *Reconnecting Youth: A Peer Group Approach to Building Life Skills* is copyrighted material. The entire curriculum including reproducible handouts is available from National Educational Service, Bloomington, Indiana (see page 97).

S.T.E.P.S. TO PLANNED DECISION MAKING

OVERVIEW

Summary

This lesson presents the S.T.E.P.S. method of decision making. S.T.E.P.S. training involves interrupting impulsive behavior, evaluating options, choosing the most helpful option, and acting upon the option chosen. Students practice self-praise and support other group members in their decision making.

Key Concepts

1. Decisions based on choices, rather than on impulses, often result in greater personal freedom and control.

2. The process of planned decision making can be used to solve problems as well as to set goals.

Learning Objectives

Students will . . .

1. Define the acronym "S.T.E.P.S."

2. Explain the process of choice vs. impulse.

3. Practice generating and evaluating choices.

Preparations

1. Review session.

2. Write the words that form the acronym S.T.E.P.S. on a 6'- long piece of butcher-block paper, or make separate squares for each word, that students can stand on.

3. Prepare poster-size version of the S.T.E.P.S. handout.

4. Make copies of the "S.T.E.P.S. to Planned Decision Making" handout for each student.

Materials

1. Flipchart, markers.

2. Butcher-block paper or newsprint.

3. Copies of the "S.T.E.P.S. to Planned Decision Making" handout for each student.

INTRODUCTION

Check In

Tell students to get their notebooks and update their monitoring charts. Go around the circle and ask how everyone is doing. As you check in, ask students if they would like group input today on any upcoming decision.

Negotiate Agenda

Ask who would like time today. Add unfinished business and today's topic to the agenda: **S.T.E.P.S. to Planned Decision Making.**

Provide Rationale

Recall the group's previous discussion about styles of decision making. Explain that, while impulsive decisions can turn out surprisingly well, we usually don't want to leave our important decisions to impulse or chance. Today, group members can help each other learn an effective method of planned decision making that will help them take control, solve problems, and set goals.

ACTIVITIES

Instruct

Display a poster of the S.T.E.P.S. method and explain that the group will practice this method of decision making. Roll out the piece of butcher-block paper with the S.T.E.P.S. words. Ask for a volunteer to stand on the word "STOP." Ask two other students to stand on either side of the volunteer and hold the student firmly by the upper arms.

Group Role-Plays

1. Have the class invite the student to do something that is not helpful, such as skip class, go smoke, sneak downtown at night, etc. Each time someone in the class calls out the invitation, the rest of the group yells, "Yeah, let's go!" The student makes a motion toward the class as if he/she is eager to go along with the invitation.

2. The two helper students respond by tugging backward at the student's arms and shouting out, "STOP!" The helpers move the student to "THINK."

144

3. The whole class now takes on a supportive role by exploring the student's options. As the class evaluates whether options are helpful or not helpful, the helper students move the target student appropriately to either the "Helpful" or "Not Helpful" positions on the paper.

4. Finally, the student announces the option he/she has chosen and moves to "PERFORM." The student considers what steps might be necessary to carry out the decision. Finally, the student moves to "SELF-PRAISE," where he/she praises him/herself and is cheered by the class.

Group Applies Skill

The class continues to practice S.T.E.P.S. using other issues and student volunteers.

CONCLUSION

Pass Out "S.T.E.P.S. to Planned Decision Making"

Pass out copies of "S.T.E.P.S. to Planned Decision Making." Ask students:

> *Can you think of a time recently when the S.T.E.P.S. method might have been useful to you?* (Open answers.)

Emphasize the benefits of planned decision making: freedom of choice, control, successful achievement of goals, self-confidence, energy booster. Tell students to put the S.T.E.P.S. handout in their notebooks under "Decision Making."

Extend

See the Decision Making Booster session, "Are You Taking S.T.E.P.S.?" for ways to make decision making a regular group activity. See also "The Refrigerator Door Company" for projects to reward effective individual and group decision making.

S.T.E.P.S. TO PLANNED DECISION MAKING

STOP

Is this a helpful decision?

Does this decision help me achieve my goals?

THINK

What are my other options?

Do I need more information?

EVALUATE

Which options are helpful?

Which options are hurtful?

What are the risks?

PERFORM

What steps do I need to take?

What is my time line?

SELF-PRAISE

Have I praised myself?

Have I shared my achievement with someone else?

APPENDIX F: APPLICATION: DRUG-USE CONTROL—*DECISION-MAKING UNIT*

Source: Eggert et al. 1995a

This sample from the *Reconnecting Youth: A Peer Group Approach to Building Life Skills* is copyrighted material. The entire curriculum including reproducible handouts is available from National Educational Service, Bloomington, Indiana (see page 97).

147

S.T.E.P.S. TO IMPROVED DRUG-USE/ DEPENDENCY CONTROL

OVERVIEW

Summary

Students evaluate decisions they've made about drug use or other dependencies since the start of *RY*. They use planned decision making to set new goals for improving drug-use control.

Key Concepts

1. We can improve drug-use control or dependency by evaluating drug-use decisions as either helpful or hurtful.

2. We can take S.T.E.P.S. to change hurtful drug-use or dependency decisions to helpful ones.

Learning Objectives

Students will . . .

1. Evaluate decisions they've made about drug use or dependencies since the start of *RY.*

2. Set goals for improving drug-use or dependency control.

Preparations

Review session.

Materials

1. Flipchart, markers.

2. Colored pencils.

INTRODUCTION

Check In

Have students update their monitoring charts and take out their "Drug-Use and Non-Use History" graphs and their "Monitoring Addictive Behaviors" sheet. Ask how everyone is doing. As you check in with students, ask them to name their best/worst decision of the week.

Negotiate Agenda

Write today's agenda on the flipchart. Include students who want time, unfinished business, and today's topic: **S.T.E.P.S. to Improved Drug-Use Control.**

Provide Rationale

Praise the group for its use of S.T.E.P.S. in the last few weeks. Emphasize the effectiveness of S.T.E.P.S. in improving drug-use control. Today, they'll look at the kinds of drug-use decisions they've been making since *RY* began. They'll also decide if they want to take S.T.E.P.S. to set some new drug-use control goals.

ACTIVITIES

Group Evaluates

Tell students to work in groups of three to discuss whether their drug-use has changed since the start of *RY*. Have students refer to the "Drug-Use and Non-Use History" sheet that they filled out in the first two weeks of *RY*. Using a colored pencil, students can mark where they currently are on the graph. The "Monitoring Addictive Behaviors" sheet will be helpful in determining their current level of drug use or other substance dependency.

Group Applies Skill

Tell students to identify two or three drug-use decisions they've made since the start of *RY*. Discuss with the small group whether these decisions have been helpful or hurtful.

Have groups use the S.T.E.P.S. process to re-decide hurtful decisions, changing them to helpful ones.

Group Shares

Ask small groups to share their evaluations of drug-use or dependency decisions and their ideas for changing hurtful decisions to helpful ones.

150

CONCLUSION

Group Sets Goals

Tape a couple of sheets of flipchart paper together and spread them on the floor. Have each student outline his/her hand and write a drug-use or dependency control goal inside the hand. Students' hands should be side by side on the sheet, forming an unbroken chain of support. Have the group decide on a slogan of support to write across the sheets. Hang the banner in the classroom. Underscore the important role group support plays in helping each other improve drug-use or dependency control.

Extend

1. See Decision Making Boosters "The Refrigerator Door Company" and "Recognition of Improvement" to affirm progress on drug-use or dependency control goals.

2. Students can practice talking to friends and family who may have drug-use or dependency problems. See the Decision Making Booster "What Can I Say?"

APPENDIX G: TIPS FOR TEACHERS OF AT-RISK YOUTH

TIPS FOR TEACHERS OF HIGH-RISK YOUTH

Those of us who have had the good fortune to be funded to work closely with at-risk students in the Bellevue School District over the past five years would like to share with regular classroom teachers the insights we have developed ourselves. If there is an overriding principle to the work it is this: maintain the relationship. These students are alienated and need to be invited back. They expect failure and need success. They know rejection and are alert to its subtlest approach. To overcome this cold background one must make every move, whether laudatory or critical, in a way which encourages – even demands – the student remain in the relationship. We are a family of learners; no one may go away.

Greg Coy, Gordon Dickman, Heidi Habersetzer, Jim Hauser, Bill Neal, Liela Nicholas

WHEN YOU ARE MEETING THEM....

* Appearances can be deceiving; take a little time to look below the surface.

* Value these students by calling on them and including them; find out what is unique in each.

* Design your curriculum so it is relevant to these students; explain why it is relevant.

* Bonding with students is the surest way to student success in your class. Show a respectful interest in what they like and they will show a respectful interest in what you like.

WHILE YOU ARE TEACHING THEM....

* You may need to measure success by new standards, standards in addition to the ones you normally use in the classroom.

* Reinforcing the positives does ten times the good of pointing out the negatives. They have heard the negatives many times already. Try something new.

* Make a point of praising them when they have done something good; they do not hear praise very often. Build students' self-esteem through positive words, notes, and phone calls.

* Encourage them to connect with school through extra-curricular activities; suggest opportunities for them.

* Monitor what you care about. We found monitoring attendance, for example, was the single most important factor in discouraging marijuana use. And the single most important way to get kids to attend class was to make them feel they belong, make them feel welcome.

* Be patient. Growth comes in spurts; and "slips" are very common. Students will lose confidence at this point and it is exactly at this point they need your encouragement.

* Each person in the class knows something; no one in the class knows everything.

* The stress they live with is painful; pain is distracting and it creates a reality for the students which is likely quite different from yours. But you can remember your own painful times and empathize.

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WHEN YOU ARE IN CONFLICT WITH THEM....

* Hold before you that which is loveable in each student and speak to it throughout the conflict.

* Take enough time to listen to the student's reason for not meeting your expectations.

* Kids are not trying to fail. They want to learn, but some are incapacitated. "Doing school," after all, is a complicated set of skills – determined by us adults – and most of these students lack at least some of them.

* Show care for the students no matter how bad their behavior. Act the right way whether they do or not.

* Picture yourself in a similar situation and treat them as you would wish to be treated.

* Get and use an adult support network for yourself.

AND, IN GENERAL....

* It is very rewarding to work with these students. It is much less expensive to work with them now than later. Emphasizing the positive takes much less energy than fighting with them.

* Many of them can be helped relatively easily. A powerful way to help them is to arrange for them to help someone else; perhaps you.

* These students have had more than their share of put-downs; many of them have a lower opinion of themselves than they deserve.

* Intelligent, creative students have curiosity which sometimes includes drugs. Serious drug abuse, however, needs to be dealt with directly. It will very likely get worse without intervention.

* For all of us, our ability to try new things depends on our self-esteem. And one of the best ways to enhance self-esteem is to try things, even small things, and succeed.

REMEMBER, TEACHERS CAN MAKE A DIFFERENCE!

The research evidence supports the effectiveness of core PGC program components: (1) expressed support and caring, (2) monitoring drug use and school attendance/achievement, and (3) life skills training.

The best predictor of program effectiveness was the teacher's expressed support and caring for the high-risk youth; it influenced decreased drug involvement and greater school achievement (i.e., higher GPA and more credits earned/semester).

Monitoring drug use, school attendance and school achievement (typically on a weekly basis) resulted in decreased marijuana use, decreased problems controlling drug use, and decreased negative consequences experienced due to drug use (like getting into trouble at school, at home, with the law).

Skills training in self-esteem enhancement was linked with decreased problems with controlling drug use.

Skills training in decision-making, personal control and self-esteem enhancement was linked with decreased marijuana use and overall decreases in drug involvement.

A major factor that continues to impede progress is school strain – lack of support in all the students' classes.

156

APPENDIX H: SOME THOUGHTS AND SUGGESTIONS FOR PARENTS

SOME THOUGHTS AND SUGGESTIONS FOR PARENTS

We know that strong predictors of adolescent drug involvement are family strain and parental drug involvement. Another strong predictor is associating with friends who use drugs and/or skip school.

Alternatively, some of the strongest protective factors against drug involvement (and depression and school failure) are parental closeness and support, school bonding, and positive peer activities.

LISTED BELOW are some ideas for increasing protective factors. This is a beginning list only. Add your own ideas about what it is that works best for you in helping your teenagers have a safe, healthy, and productive time during their high school years.

---

1. Remember that your teenager still needs you as a parent, even if they don't seem to.

* Keep communication open. Give your undivided attention. Ask, "How can I support you?"
* Encourage expression of ideas and feelings.
* Identify and own your mistakes openly. Don't be afraid to apologize.
* Identify and own your feelings without blaming.
* Allow your son or daughter some decision making power in rules that affect their lives.
* Recognize that pulling away from parents is part of the work of being a teenager; don't take it personally and don't give up on your son or daughter.

2. Continue to boost your teenagers' self-esteem. Tell them how much you value them and treat them that way every day.

* Provide daily praise and encouragement for your son or daughter:
  "I appreciate your help with ..."
  "You must be pleased with your progress on ..."
  "You've been working so hard at ... "
* Model positive self-talk and foster positive self-statements in your son or daughter.
* Maintain a sense of humor in dealing with your son or daughter.

3. Set a good example – Model the behavior you expect.

* Look at your own alcohol and drug involvement and take action if it is a problem.
* Recognize that your liquor supply provides access for your teenagers and their friends.
* Model good communication in conflict resolution.
* Recognize your interpersonal relationships are examples for your son or daughter.
* Practice healthy ways to reduce stress (rather than drug involvement or uncontrolled anger).

THOUGHTS AND SUGGESTIONS FOR PARENTS (continued)

4. Take an interest in your teenagers' activities and friends.

* Encourage your teenager to participate in healthy activities which they enjoy and are good at.
* Know who your teenagers' friends are. Know how they spend their time together.
* Open your home as a safe and fun place for your son or daughter and his/her friends to hang out (with your supervision of course!)
* Maintain a balance between respecting your teenager's desire for independence and communicating your expectations.

5. If you think your teenager is using drugs:

* Express your concern and provide help rather than expressing accusations.
* Explain why you are concerned: e.g., poor grades, truancy, drugs found in the home.
* Get a professional evaluation to determine if there is a problem.
* Be your teenager's ally in getting help.

6. If you suspect your teenager is depressed:

* Don't hesitate to talk about it with your son or daughter. Open up the subject by sensitively sharing your observations: e.g., you look sad, depressed, seem irritable lately.
* Remain non-judgmental.
* Listen to what is being communicated and don't argue with him or her.
* Remind your son or daughter that you are there for him/her.
* Seek professional help.
* Because your teenager's depression very likely affects the entire family, consider family therapy as an option.

7. If your teenager is having thoughts of suicide:

* Seek professional help as soon as possible.
* Assure your son or daughter that you will find some help for him or her.
* Stress the temporary nature of their situation and that help can be obtained.
* Don't react with horror or shock.
* Don't try to make your son or daughter feel guilty about the pain of family or friends.
* If you have a firearm in your home, get rid of it!
* If your son or daughter is threatening suicide, take him or her to an emergency room for a professional assessment.
* Again, because your teenager's behavior influences (and is influenced by) the entire family, consider family therapy.

160

APPENDIX I: RECONNECTING YOUTH EVALUATION TOOLS

Abstracted from Eggert et al. 1995a

Reconnecting Youth Evaluation Tools

Reconnecting Youth: A Peer Group Approach to Building Life Skills (Eggert et al. 1995a) includes the necessary process and outcome evaluation tools for assessing the effectiveness of:

- Personal Growth Class implementation (i.e., how well the PGC curriculum is being implemented as designed); and

- The Personal Growth Class' influence on the desired outcomes.

The *process* evaluation tools measure the following aspects of program implementation:

- *Skills training* content delivered (time spent on each unit over the course of the class)

- Pre- and post-assessments of the individual PGC *participant's skills competencies.*

- PGC *leader's competencies* in:

    — Fostering a positive peer group culture;

    — Providing life-skills training; and

    — Providing social support.

- PGC *group competencies* in providing social support to each other

- PGC *group support* and help given and received

Some of these tools are scheduled for use daily, whereas others are designed for weekly or monthly use. Instructions for their use and coding are provided for each tool.

The *outcome* evaluation tools and methods measure the three major program outcomes:

- *Drug involvement*—three checklists that measure the:

  — frequency of use of alcohol and 12 types of drugs;

  — level of drug-use control and consequences; and

  — students' perception of change in use (more or less) over the past month.

- *School performance*—attendance and grade forms for recording these indicators in all the student's classes.

- *Mood*—the CES-D measure of depressed mood and its interpretation guidelines.

An overview of this section on evaluation provides the PGC leader with the name of each tool, whether it is used for *process* or *outcome* evaluation, which objective it measures, and the schedule for use (daily, weekly, or monthly). An added feature is that *Leader, Observer*, and *Student* rating forms are provided for many of the tools.

EVALUATION TOOLS: OVERVIEW

Name of Tool	Type of Tool	Measuring Object	Viewpoints	Schedule for use
Skills Training Content: Daily Checklist	Process	Skills Training Delivered	Leader	Daily
Students' Pre-& Post-*RY* Skills Competencies: Leader's Evaluation	Outcome: Pre- & Post-*RY* Assessment	Skills Competencies Acquired	Leader	End of Week 2 End of *RY*
Leader-Role Checklist for Fostering Positive Peer Groups	Process	Group Leader Competencies	Leader, Observer	Weekly
Leader-Role Checklist for Providing Life-Skills Training	Process	Leader Skills Training Competencies	Leader, Observer	Weekly
Leader-Role Checklist for Providing Social Support	Process	Leader Social Support Competencies	Leader, Observer	Weekly
Group Social Support: Checklist	Process	Group Social Support Provided & Received	Leader, Observer, Student	Weeks 1, 2, 4; Then Monthly
Drug Involvement: Checklist	Outcome: Pre-, During, & Post-*RY*	Drug-Use Control	Student	Pre-*RY* Monthly End of *RY*
Semester Attendance & Grade Reports	Outcome: Pre-, During, & Post-*RY*	Group Achievement	Teacher	Pre-*RY* Mid-*RY* End of *RY*
CES-D Mood Questionnaire	Outcome: Pre-, During, & Post-*RY*	Group Mood Management	Student	Pre-*RY* Biweekly End of *RY*